TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please complete carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. death. TO HOSPITAL OR ATTENDING PHYSICIAN! The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1678

1. PLACE OF DEATH a. COUNTY Anne Arundel	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission a. STATE b. COUNTY Anne Arundel RYLAND Anne Arundel
b. CITY OR TOWN (if outside corporate limits, urite RURAL and give nearest town)	
Annapolis 32 days	RURAL - Pasadena
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street	t address) d. STREET ADDRESS a. IS RESIDENC
Anne Arundel General Hospital	Rt-1, Box-113B ON A FARM?
3. NAME OF First Middle DECEASED (Type or print) George Leroy	ALLISON DEATH February 9 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED DIVORCE	Amend 3 22 3 de la last Directionary Montres Bays Hours Min
108. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS (OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) Machinist Retired	Baltimore, Maryland U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Dennard S. W. Allison	Mary Imhoff
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY! (Yes, no, or unknown) (If yes give war or dates of service)	NO. 17. INFORMANT Address
No 215-10-081	8 LeRoy M. Allison, Sr.; same as 2
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and	(c).] INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive Cere	brat kemorrhage Suiden
33/R DUE TO	
Cenditions, If any, which) (b) Cerebral Cen	Ceriosclerosce lenknown
gave rise to Immediate cause (a), stating the underlying cause last. DUE TO generalized	arteriorclussis renknown
PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	TNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
5 Fronchiectasis and ashma	tic Brinchitis YES NOXO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT Society of Contributing Cause of Death (IF EITHER, NOTIFY MEDICAL EXAMINER) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED	20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bidg, etc.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. While Not While at work at work	190ford, and early duraging River of Control
21. I certify that (I) (this chooping attended the deceased	
saw the deceased alive on Feb. 9 19 66,	, and that death occurred atM, from the causes and on the date stated above
arthur Faulsford I.	M.D. PHYS. X DIRECTOR PHYS. 22b. DATE SIGNED Z-10-66
22c. PHYSICIAN'S NAME (Type) Arthur Lankford, Jr. M.	D. 22d. Address 2934 Mountain Road, Pasadena, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF	CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	awn Gemetery Baltimore, Md.
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Kirkley Funeral Home, Glen B	Burnie, Md. DATEEB 1 4 1956 Actionles Judge

VR A15 (4) 20M 1/65

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A Comment

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE HEALTH DERT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) 1. b. COUNTY a. STATE MARYLAND Department after death funeral c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 1b write RURAL and give nearest town MANOVE BURNIE GLEN d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita), give street address) 6. IS RESIDENCE d. STREET ADDRESS ON A FARM? after death. If any delay . Give Pages 1, 2, and 3 to ong with form PM3. Page State hours NO Year NAME OF Month Day First Middle DATE the 72 DECEASED CRMAN DEATH (Type or print) within with AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE DATE OF BIRTH 9. 7. MARRIED X 8. NEVER MARRIED Months Davs Hours N WIDOWED amd TO d. USUAL OCCUPATION (GIVE kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? INDUSTRY Ster Mechanic - Engineer TUWN MOTHER'S MAJDEN NAME EXAMINER: This certificate about be executed within 24 hours certificate, writing the word "pending" in pencil in Item 18 nould be forwarded to the Chief Medical Examiner's Office alc 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or dates of service) permit. removal, MAKNOWN INTERVAL BETWEEN 18. CAUSE DF DEATH (Enter only one cause per line for (a). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: burial-transit IMMEDIATE CAUSE (8) DUE TO Conditions, if any, which (b) geve rise to immediate DUE TO cause (a), stating the 60 underlying cause last. used as to burial, WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. NO PERFORMED? CERTIFICAT NO T YES ld be 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 3 should agent, p WEDICAL (State) 20f. (City or town) (County) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hour a.m. Not While While CTOR: Page designated 19 at work at work and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Pal pinou Page 4 should for your files. DIRECTOR: death resulted from Satural causes Undetermined manner Accident Suicide Homicide CHIEF MEDICAL EXAMINER 447 23 22. DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER O DEPUTY MED SIGNATURE 0 for director. Paretained for O FUNERAL I DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 0 25b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR DIRECTOR 1966 VR ALSME (5) 5M

MARYLAND STATE DEPARTMENT OF HEALTH

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and it any event, within 72 hours after death.

VR AI5 (4) 20M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
01680 CERTIFICATE OF DEATH ()1627

	01680	CERTIFICAT	E OF DEATH	1627
11.	PLACE DF DEATH a. CDUNTY	Rioundel	2. USUAL RESIDENCE (Where deceased lived, It institution a STALE b. 90UNTY	1. 1.
	b. CITY OR TOWN (if outside corporate i write RURAL and give nearest town)	HOUNGEL MARYLAND limits, c. LENGTH OF STAY IN 1D	C. CITY OR TOWN At Dutside corporate limits, write RI	100011
1	d. NAME OF HOSPITAL OR INSTITUTION	(if not in hospital, give street address)	d. STREET ADDRESS	0. IS RESIDENCE ON A FARM?
6	moratio-/1	when Home	Bay Reage-lan Be	WANTES ND ND
3.	(Type or Aring Estelle	arried	Last DATE Month DF DEATH 2	Day Year /7 19 6 6
5.	Emole While	MARDIED NEVER MARRIED WIDDWED DIVORCED	3. DATE DE BIRTH Jan 15 1898 9. AGE (In years IFUN last blinday) Mont	hs Days Hours Min.
ID: dui	a. USUAL DECUPATION (Give kind of work don ring most of working life, even if retired)	SAV TLOGO ASSOL	11. BIRTHPLACE (County & State, or foreign country) 1:	COUNTRY?
13	TATHER'S NAME	SC.	14. MOTHER'S MAIDEN NAME 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	bi)
75 (Ye	S. WAS DECEASED EVER IN U.S. ARMED FORCES, Oc., or unknown) (If yes give war or dates of set	16. SDCIAL SECURITYND. 17.	INFORMANT Address	ten landon
	18. CAUSE DF DEATH [Enter only one c	ause per line for (a), (b), and (c).)		INTERVAL BETWEEN DNSET AND DEATH
	PART I. DEATH WAS CAUSED BY: JMMEDIATE CAUSE (a)		HEOM30315	6 D13/5
	Conditions, If any, which) (b)			
	gave rise to immediate DUE TD			
Z	underlying cause last.) (c)			
ATIO	APTHE ACCULATIONS		ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
CERTIFICATION	208. ACCIDENT WAS UNDERLYING DEATH OF CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER	20b. DESCRIBE HOW INJURY OCCU	URRED. (Enter nature of Injury in Part I or Part II of Item	YES ND 18.)
	20c. TIME OF INJURY Month, Day, Yea		ACE DF INJURY (Home, farm, 20f. (City or town)	(County) (State)
MEDICAL	Hour a.m. 19		pry, street, office bldg., etc.)	(State)
	21. I certify that (I) (this hospita	111		56 that (I) (we) last
	saw the deceased alive on	1966, and that	t death occurred a M. from the causes and t	on the date stated above. DATE SIGNED
	CAMAY LAK	Deal M.	ATTENDING MED. STAFF	
	NAME (Type) Dr. Edwar	d S. Beck	73 Franklin St., Annapo	lis, Md.
238	BURIAL, CREMATION, 23b. DATE THE	REDF 23c. NAME DE CEMETERY	Y DR CREMATORY 23d. LDCATION (City, town of	county) (State)
24	FUNERAL DIRECTOR	ADDRESS / //	25a. REC'D BY REGISTRAR 250 REGIST	RAP'S SIGNATURE
个	Vidingtiton Vo	Fingleton funcial Hon	73 DEEB 18 1966 Julian	eles Judge.

District the American Street, and the street, The same of the sa Settlement (Contract) BERRY W. FILIPS and the state of t The state of the s The second secon DOMESTIC OF THE STATE OF THE STATE OF

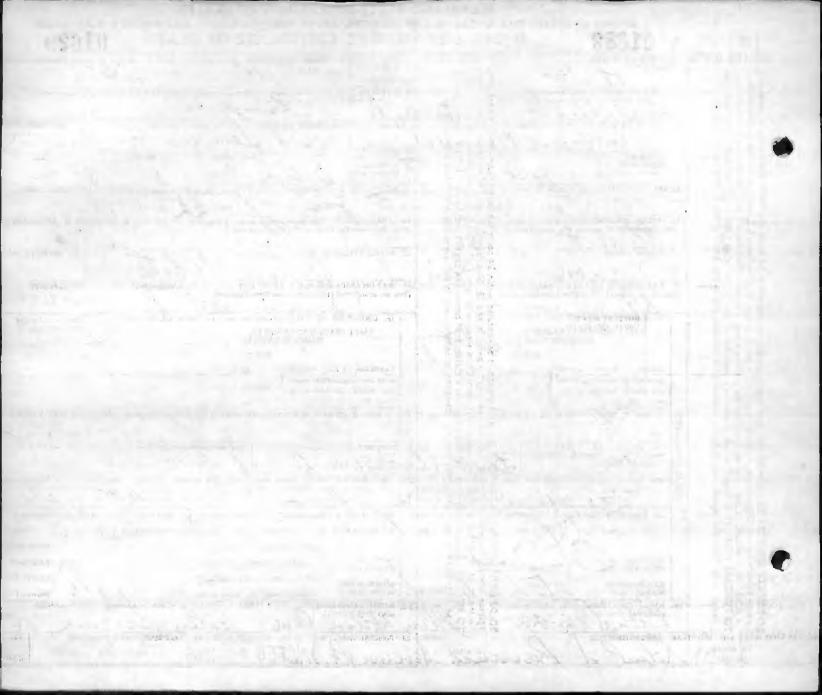
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	DIVISION OF STATISTICAL RESEARCH AND RECORD		ARYLAND
	U1681 CERTIFICA	TE OF DEATH	1628
1.	PLACE OF DEATH a. COUNTY D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address 303 -2 rr 2 g ut	Hnnapolis	Hrunde/
3.	NAME OF OECEASEO (Type or print) Emily Middle A	twell 4. CATE Mooth OF OEATH Feb.	Day Year // 1966
5. 10: dui	SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO DIVORCEO DIVORCEO DIVORCEO DIVORCEO DIVORCEO DIVORCEO DIVORCEO DIVORCEO DIVORCEO NESTOS DE MADUSTRY DE LA COLOR DIVORCEO DI VIOLENDI DIVORCEO DI VIOLENDI DIVORCEO D	11. BIRTHPLACE (County & State, or foreign country) 12. CI	TIZEN OF WHAT
13	Joseph Kosati	Felippi Dallea	
15 (Y	. WAS DECEASED EVER IN U.S. ARMEOFORCES? 16. SOCIAL SECURITY NO. 17. s, no, for unknown) (If yes give war or dates of service)	Salem E. Atwell Address #=	2
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. OEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to Immediate cause (a), stating the OUE TO	Occ Cusean	INTERVAL BETWEEN ONSET AND DEATH So in inules
CERTIFICATION	UNDERLYING CAUSE LAST. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE 20a. ACCIOENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMEO? YES NO
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40c. Phour a.m. While at work at work	LACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	nty) (State)
(22a. SHOMATURE	hat death occurred at 10:5 M, from the causes and on th	E, that (1) (we) last ne date stated above. ATE SIGNED
238	BEMOVAL (Specify) 2-14-1966 St. 192	RY OR CREMATORY 23d. LOCATION (City, town or cou	140
24	of M. Jaylor & Sons amapor		s signature

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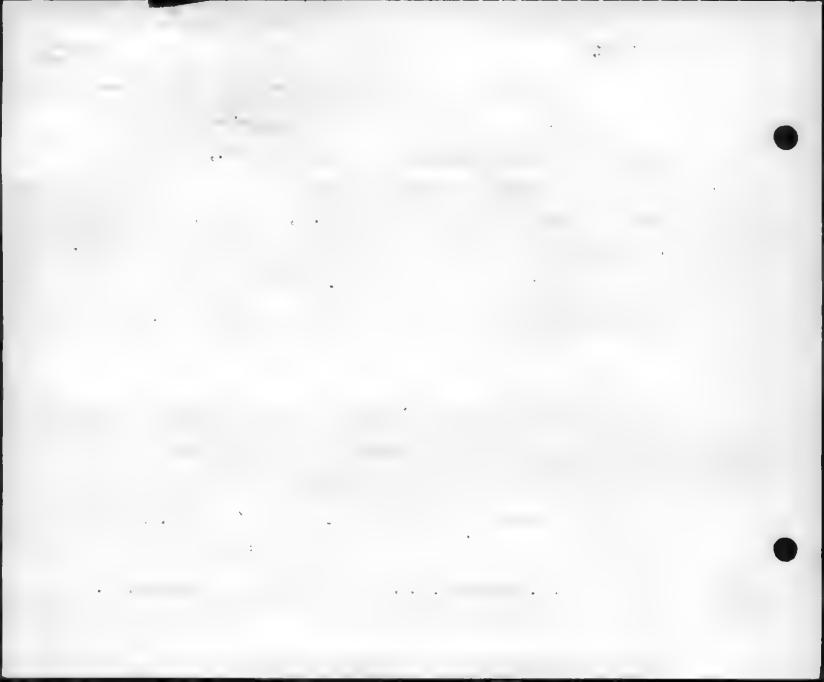
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution, Residence before edmission) . COUNTY ral director. Page for your files. a. STATE b. COUNTY ŏ MARYLAND Department death. b. CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 16 c. CITY OR JOYN (If outside corporate limits, write RURAL and give necrest town) write RURAL and give nearest town) 100/15 d. NAME OFFICSPITAL OR INSTITUTION (if not in hospital, give street-address) d. STREET ADDRESS e. IS RESIDENCE to the funeral ON A FARM? State after refained YES T NO DO 3. NAME OF DATE Month Dev Yes hours DECEASED OF the (Type or print) DEATH 200 AMINER: This certificate should be executed within 24 hours after death writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to a Chief Medical Examiner's Office along with form PM3. Page 5 may be Page 3 should be used as a burial-transit permit. File pages 1, and 2 with the prior to burial, cremation, or removal, and in any event within 72 h 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B . DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months Doys Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done dupos for yorking the even if retired) 106. KIND OF BUSINESS OR INDUSTRA BIRTHPLACE State or foreign country) 11. 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MANDEN NAME INFORMANT 15. WAS DEGEASED EVER IN U.S. ARMED ORCES? 16. SOCIAL SECURITY NO. 17, (Yes, no, or unkewn) | (Ifyesgive weror defesofservice) 78. CAUSE OF DEATH [Enter only one cause per line, for (a), (b)) and (c). INTERVAL BETWEEN ONSET AND DEATH PART L DEATH WAS CAUSED BY. IMMEDIATE CAUSE (6) DUE TO Conditions, If any, which (b) gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO. 200. EXTERNAL CAUSE WAS PRIMARY EL OF CONTRIBUTING CAUSE OF DEATH. DESCRIBE HOW IDJULY OCCURRED, (Enter neture of injury in Part I or Port II officen 18.) 20b. EXAMINER: CON - 6 the C. Page MEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 200. PLACE OF INJURY (Home, form, 20f. (City or town) (County) [Steply agent. While factory, street, office bldg., atc.) Not While the certificate, at work at work p.m. ease execute the certificate, should be forwarded to the PUNERAL DIRECTOR: 21. I certify that I charge of the remains described above, held an Autopsy nspection Inquiry and in my opinion MEDICAL designated death resulted from Natural causes Accident Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATUR 13 M.D. DEPUTY DEPUTY MEDICAL EXAMINED ŏ NAME (Type) 4 should FON FUN Address (Street, city, town, or county) 22a. BURIAL, CREMATION, /22b. DATE THEREOF CEMETERY/OR CREMATORY 22d. LOGATION Eity, town, precounty (State REMOVAL (Specify 23. FUNERAL DIRECTOR ADDRES 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VR A15ME 5M 1/63



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral death. and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY after bon papers. Pages 1 within 72 hours after by the b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b write RHRAL and give nearest town) hours filled in e. IS RESIDENCE ON A FARM? TION (if not in hospital, five street address) d. STREET NOV YES within completely carbon NAME DE Year DATE Month DECEASED event, (Type or print) DEATH 19 executed AGE (In years last birthday) and con COLOR OR RACE DATE OF BIRTH IF UNDER 1 YEAR | IF UNDER 24 HRS. NEVER MARRIED Months Days Hours any WIDOWED DIVORCED yrs. ptease re 10a. USUAL OCCUPATION (Give kind of work done duping most of working life, even if retired) 105 KIND OF BUSINESS OR INDUSTRY tate, of foreign country) 12. CITIZEN OF WHAT certificate FATHER'S NAM геточа ᅐᆮ Ittelling rermit. Ther 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT ed by the mttem transit permit. cremation, or r death (Yes, no, or unknown) | (If yes give war or dates of service) signed by the burial-transit puburial, cremati CAUSE DF DEATH [Enter only one cause per line for INTERVAL BETWEEN The law requires that the ONSET AND DEATH PART J. DEATH WAS CAUSED BY: or attending physician. IMMEDIATE CAUSE (a DUE TO Conditions, If any, which (b) peell gave rise to immediate the la DUE TO cause (a), stating the has be as th underlying cause last. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) the After this certificate had be detached for use he State Dept. of Health in for use Health use PERFORMED? CERT, FICATI YES 1 the hospital DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. While Not While retained by at work at work 21. I certify that (i) (this hospital) attended the deceased from OFFICTOR: / age 3 should lied with the and that death occurred at 2-4M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED page ATTENDING Page 4 may TO CONTRACT. Day
director, pay
should be fil HOSPITAL 22c. PHYSICIAN'S 22d. NAME (Type) NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county (State) BURIAL, CREMATION. 23b. DATE THEREOF REMOVAL (Specify) Cremation Greenmount & I BY REGISTRAR | 255. REGISTRA FUNERAL DIRECTOR REC'D BY REGISTRAR VR A15 (4) 20M 1/65



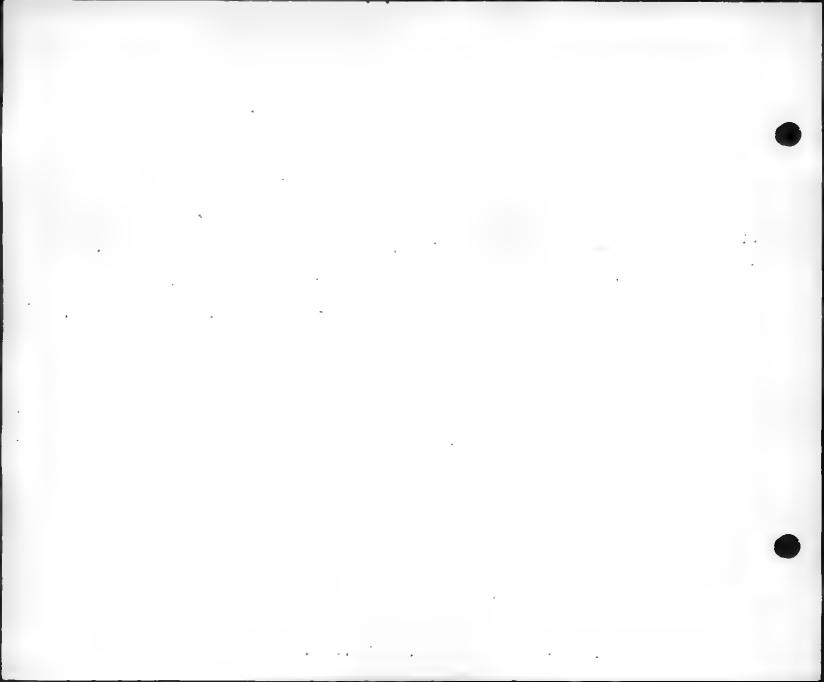
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01684 O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after deoth funeral I and er deorf 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH 5 COUNTY o COUNTY o STATE Anne Arundel Maryland Anne Arundel MARYLAND popers. Pages I un 72 hours after c CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside corporate I mits, c LENGTH OF STAY IN 15 write RURAL and give nearest town) Annapolis Annapolis e IS RESIDENCE ON A FARM? d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) .∈ 25 Hicks Ave. Anne Arundel General Hospital YES NO X Middle DATE Month 3 NAME OF Yeor First Last DECEASED February 26 Albert RELT 19 66 James DEATH (Type or print) IF UNDER 1 YEAR IF LINDER 24 HRS B DATE OF BIRTH AGE (In years S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Manths Days Hours Mar. 4, 1892 DIVORCED WIDOWED K Male Negro 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11, BIRTHPLACE (County & Stote, or foreign country) dury mast af working life, even retired) INDUSTRY eose Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, cremation, or removal, 16 SOCIAL SECURITY NO. INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17. (Yes no ar unknown) [If yes give war ar dates of service) INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one cause per lige for (g), ONSET AND DEATH buriol-tronsit PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) þ the hospital ar ottending physician. signed Conditions, if only, which gove rise to immediate cause (a), DUE TO stating the underlying couse d for use as the of Heolth prior to this certificate has been 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION YES NO T 20a ACC DENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Port II of Item 18.) detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, (City ar town) (County) (Stote) 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Hour a.m. Not While at work ot work be retained by Feb. 26 , 1966 , that (1) best lost 21. I certify that (I) (this despite) attended the deceased from 19 66, to M, from couses and on the date stated above with the eb. 26 19 66, and that death occurred at TO FUNERAL DIRECTOR: sow the deceosed olive on_ 22b. DATE SIGNED 220Y SIGNATURE ATTENDING M.D. DIRECTOR PHYS. filed director, page should be filed 22d. ADDRESS 22c. PHYSICIAN S 110 Clay St., Annapolis, M. R. L. Richardson, M.D. NAME (Type) CHAME OF CEMPTERY OR CREMATORY deAOCATION (City or Town) (County) 23b. DATE THEREO! BUR AL, CREMAT ON 2Sa. REC'D BY REGISTRAR



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE 🎊	200	01885	MEDICAL	EXAMINER'S	CERTIFICATE O	F DEATH	DT(135
EALTH DEPT. /		PLACE OF DEATH O COUNTY AACO		MARYLAND	o STATE MO	Where deceosed lived, if instit b (0)	ution: Residence before o	imission)
in it any detay is ges 1, 2, and 3 to farm PM3. Page ate Department of haurs after death		b CTY OR TOWN (If outside corporate mits write PORAL and ave nearest town)	c LEN	NGTH OF STAY IN b		its de corporate limits, write R	URA, and give nearest to	wn)
nn ir 2 ages 1, 2, h farm 1 tate Depa		DON-NORTH PROPERTY			graffan	d AVE		S RES DENCE ON A FARM?
Po St 72			20	Midd e	ennett	OF DEATH 2	nth Doy	Year 19 6 6
ltem 18. Give Office along v		MIN	N DOWED X	DIVORCED	3-7-188	12 / 12	Months Days	UNDER 24 HRS
ris as	dur	US_ALOCCUPATION (Give kind of work done ingress of working life, even if retired) FATHER SINAME	Sun Oi		Baltimore 14. MOTHER'S MAIDEN N	Co., Mi.	U.S.A.	141
within n pencil Examine Examine File pag		George Bennett			Ruth Thom	pson		
	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? is no, or unknown) (If yes give wor or dotes of ser No.	vicei		informant Longo Bennet	t, Jr 366	Gaylor Ave.	
vord "pending" i word "pending" i the Chief Medical rial-transit permit. Itian, ar remaval,		IB. CAUSE OF DEATH (Enter only one couse p PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (of	/ 4 /			·l	INTERV	AL BETWEEN AND DEATH
the word "per d ta the Chief P a burial-transit crematian, ar re		H 500 DUE TO Conditions, if ony, which gove) (b)			1 0		/	
ing the ded to as a but are mil, cremi		rise to immediate couse (a), stating the underlying couse (c) tast.						
ans certifiers of the writing the solution of the towarded to be used as a but to burial, crement	NOLLY	PART II OTHER S GNIFICANT COND T ONS CONTE	RIBUTING TO DEAT	H BUT NOT RELATED TO	THE TERMINAL D SEASE CO	NDITION GIVEN IN PART 1(a)	19 WA PEI YES	S AUTOPSY REORMED?
fulls certificate structure of a certificate, writing the snauld be forwarded to files. 3 shauld be used as a bunt, priar to burial, crema	L CERTIFICATION	200 EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH	20b DESCRIBE I	HOW INJURY OCCURRED	(Enter nature of injury in	Port I or Port II of Item IB)		
E @ 2 = 2 E	MEDICAL	20c TIME OF MJURY Month, Day, Year Hour om. p.m. 19	of work	lot While of work of	CE OF NJURY (Home, form lory, street, office bldg , etc.)		((ounty)	(Stote)
dose execute rectar. Page ained for yo IRECTOR: Page designated c		21 I certify that I took charge of aeath resulted from Natural co						my opiniar
		ACTUAL Kursacock			CHIEF MEDICAL		_	DATE SIGNED
necessary, if the funeral 5 may be r o FUNERAL Health or if		EXAMINER'S LINIA EC	15/-		DEPUTY MEDICA Address (Street	AL EXAMINER	2-9-6	56.
necesson the fur 5 may 5 may Health Health	230	BURIAL, CREMATION, REMOVALS DATE THEREO 236 DATE THEREO 2-14-66		NAME OF CEMETERY OR Arbutus Men	(REMATORY	Baltimore		(Store)
VR A15ME (5)		FUNERAL DIRECTOR		ADDRESS	2So REC'I	D BY REGISTRAR 2Sb.	REGISTRAR'S SIGNATURE	



RESTON STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH AND CERTIFICATE OF DEATH 1 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmission) PLACE OF DEATH a. COUNTY b. CITY OR TOWN (if outside corporate limits, sutside corporate limits, write RURAL and give necrest town c. LENGTH OF STAY IN 16 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address, A STREET ADDRESS IS RESIDENCE ON A FARM? YES NO D 3. NAME OF M-ddle DATE Yaar DECEASED (Type or print) DEATH 196 IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR | NEVER MARRIED [last birthday) Months Days WIDOWED 4 DIVORCED 10a, USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? (County & State, or foreign country) done during most of working life, even if retired) VLAR 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ARAH 15. WAS DECEASED EVER IN U.S ARMED FORCES? | 16. SOCIAL SECURITY NO. 17 (Yes, no, or unkown) | (Hyes give war or dates of service INTERVAL BETWEEN 18. CAUSE OF DEATH Enter only one cause per line for (e), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Endie Vascallar Discare Conditions, if any, which (6) gava rise to immediate couse DUE TO (a), stating the underlying ceuse last PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 19. WAS AUTOPSY PERFORMED? NO T 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Pert I or Pert II of .tem 18.) 20s. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm, 20f, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) Not While While Hour a.m. at work et work to m 10 2-75 19 (16 that (1) (we) last 19 6.6., and that death occurred at 300 M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE 22a. SIGNATURE SIGNED ATTENDING PHYS. PHY5 DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, 23b 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7-62

YLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 687 funeral death. death 1. PLACE OF OEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY ly filled in by the fun n papers. Pages 1 thin 72 hours after of a. STATE b. COUNTY after ANNE ARUNDEL MARYLAND MARYLANO ANNE ARUNDET CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) nours GLEN BURNIE BALTIMORE filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADORESS ON A FARM? GENERAL. YES XX NO HOSPITAL 5229 r and completely I remove carbon p n any event, within KRAMME AVE executed within 3. NAME OF First DATE Middie Last Month DECEASEO (Type or print) ÖEATH BLANKENSHIE MARTE 1966 REBECCA FEBRUARY 5. SEX 6. COLOR OR RACE OATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIEO NEVER MARRIEO last birthday) | Months Days Hours WIOOWED DIVORCEO [nding physician a ... Then please re removal, and in a 10a. USUAL OCCUPATION (Give kind of work done : 11. BIRTHPLACE (County & State, or foreign country) 10b. KINO OF BUSINESS OR 12. CITIZEN OF WHAT The law requires that the death certificate be during most of working life, even if retired) INOUSTRY COUNTRY? CASHIER STORE BALTIMORE, MARYLAND

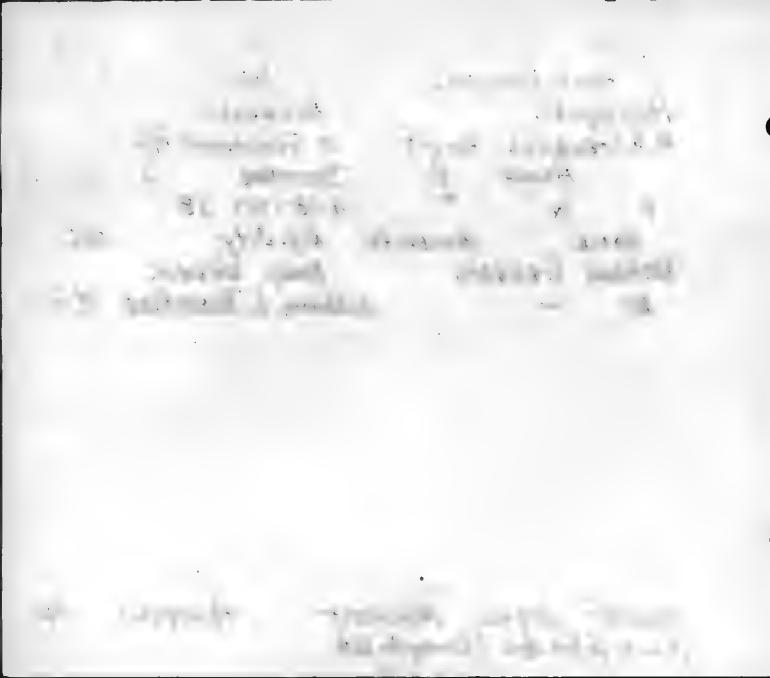
14. MOTHER'S MAIOEN NAME TISA 13. FATHER'S NAME has been signed by the attending as the burial-transit permit. Then prior to burial, cremation, or remove HENRY DORA HELMS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) 211-38-8139 5229 KRAMME AVE BAL BLANCHE BLANKENSHIP 18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. OEATH WAS CAUSED BY: or attending physician. IMMEDIATE CAUSE (a) OUE TO Conditions, if any, which (b) gave rise to immediate OUE TO cause (a), stating the underlying cause last. has as ERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TH for use Health p ETERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY detached for use te Dept. of Health PERFORMEO? YES [NC the hospital PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CEATH 20b. OESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part | or Part |) of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 3 MEDICAL 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) direntor, page 3 smuld be de should be filed with the State factory, street, office bldg., etc.) Hour a.m. While Not While retained by at work at work 21. I certify that (I) (this hospital) attended the deceased from M. from the causes and on the date stated above. saw the deceased alive on. and that death occurred at. 22a. SIGNATURE 277/4 225. OATE SIGNEO ATTENOING STAFF M.O. PHYS. **OIRECTOR** PHYS. 4 may 22c. PHYSICIAN'S 22d. **ADORESS** NAME (Type) BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23b. OATE THEREOF LOCATION (City, town or county) 23d. (State) Cemetery 25g Burial 10, REC'O BY REGISTRAR 1966 24. FUNERAL DIRECTOR VR AI5 (4) George J. Gonce - 4001 Ritchie Hgwy. -Baltimore 1/65



1		MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE		01688 MEDICAL EXAMINER'S CERTIFICATE OF DEATH ()1635
HEALTH DEPT.	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) 3. STATE 4. COUNTY 4. STATE
0 # J		MARYLAND MARYLAND
the funeral o the funeral e 5 may be Department after death.		b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town)
cess in ay may partm ter de	-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
3 to the Page Elate De turs aff		D. J. M - NOR / h. ARUNDE 4- 1/10s p. I from pron. AUE YES INDE
20 OE	3.	NAME OF First Middle Last 4. DATE Month Day Year
PM3.		OF DEATH FEDURALY 5, 1966
E L	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIEO 8. DATE OF BIRTH 9. AGE (in years IFUNDER YEAR) IF UNDER 24 HRS last birthday) Minths Days Hours Min.
_ m -	10:	DIVORCEO DIVORCEO PAY 3-1903 - 60 yrs. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
T a w	dur	LUSUAL OCCUPATION (Give kind of work done in District No. 11). BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? A.A.Co. Gov +-
s af 18. alon alon iges an	13	
24 hour a Item Office of File pa	L.	Contad Blum Anna Blustein
4 三 差	(Y)	WAS DECEASED EVERINUS. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT es, no, or smkown) (If yes give war or dates of service)
within 2 pencil in miner's o miner's o remit. I	-	220-03-9683 MissMildred E-75/um (Wife) K-75/ INTERVAL BETWEEN
uted within in pencil Examiner's sit permits, or remov.		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (1) AUGUST OF DEATH WAS CAUSED BY: IMMEDIATE CAUSE (1) AUGUST OF DEATH WAS CAUSED BY: IMMEDIATE CAUSE (1) AUGUST OF DEATH WAS CAUSED BY: ONSET AND DEATH
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"peneng" "peneng" [Medical burtal-tran		Conditions, if any, which geve rise to immediate (b)
a bu		cause (a), stating the DUE TO
Sho Worn as arias	8	underlying couse last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE YERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
certificate shouliting the word led to the Chiel of the Chiel of the chiel of the used as a prior to burial,	CERTIFICATION	PERFORMED? YES NO
= 00 = 0 = 1	HE	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTR
write warde	100	CAUSE OF DEATH. 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
EXAMINER: This certhe certificate, writin should be forwarded files. COR: Page 3 should be esignated agent, prior	MEDICAL	Hour a.m. While Not While factory, street, office bidg., etc.)
EDICAL EXAMINER. ute the certificat ge 4 should be fo your files. JRECTOR: Page 3 its designated ag	25	21. I certify that took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion
the cessign design		death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner
4 = 5 5		ACTUAL CHIEF MEDICAL EXAMINER () 22, DATE SIGNED
execute Page I for you tal DIRI		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER OPPUTY MEDIC
		EXAMINER'S NAME (Type) - FIN his KOTT. Address (Street, city, town, or county) 7/5/66
O DEPUTY director. Ctained in Funeral of Health	23	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY, OR CREMATORY 23d. LOCATION (City, town or county) (State)
direction of	24	1 Juria 1 1966 Dalto. Nat 1. (em) Walto, My
VR ALSME (5)	1	Il all the said the s
5M 1/65	1	Molen Burnie, MATEL I Soo in in guide



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE MARYLAND funeral CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ADOKIS d. NAME OF LOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? NAME OF First Month DECEASED (Type or print) DEATH 19 2 with with AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS | Hours | Min. SEX 6. COLOR OR RACE 7. MARRIEO MEVER MARRIED WIDOWED DIVORCED Part de 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT (State or foreign country) during most of working life, even if retired) INDUSTRY pages 4 0 FATHER'S NAME EXAMINER: This certificate should be executed within 24 hours File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMAN 16. SOCIAL SECURITY NO. (Yes, ng. or unkown) (If yes give war or dates of service) permit. INTERVAL BETWEEN CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) cremation, or 1 DUE TO Conditions, if any, which (b) gave rise to immediate **DUE TO** cause (a), stating the Ø underlying cause lest. used as to burial PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMEO? YES | NO [o be 20a. EXTERNAL CAUSE WAS OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1) of Item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 필급 3 shoult agent, p MEDICAL 20e, PLACE OF INJURY (Home, farm, (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) factory, street, office bldg., etc.) Hour a.m. While Not While the certifical cror: Page designated at work at work 21. I certify that Litook charge of the remains described above, held an Autopsy Inspection and In my opinion 4 should your files. DIRECTOR: Undetermined manner death resulted from: Natural causes Suicide Homicide Accident CHIEF MEDICAL EXAMINER S execute Page 4 ACTUAL DATE SIGNED M.D. SIGNATUR for or FUNERAL of Health of DEPUTY MEDICAL EXAMINER **EXAMINER'S** director. NAME (Type) Address (Street, clty, town, or county) BURIAL, CREMATION 23b. DATE THEREO CEMETERY OR CREMATORY OCATION (City, town or county) (State) of 0 25b. REGISTRAR'S SIGNATURE lasel VR ALSME (5) 1966 1/65



executed within 24 hours after death. Page 4 may be retained by the nospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then prese remove carbon papers. Pages 1 and 2 director, page 3 should be detached for use as the burial-transit permit. Then prese remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deaths. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate.

Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)									
a. COUNTY Anne Arundel.	a. STATE Maryland b. COUNTY Pr. Geo!s									
h CITY OR TOWN /if outside corporate limite in a LENCTH OF CTAY										
write RURAL and give nearest town) Anapolis 5-Days	Brandywine /									
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street a	ddress) d. STREET ADDRESS 0. IS RESIDENCE									
Anne Arundel General Hespital	Rt 3, Bex 300									
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year									
(Type or print) Jeseph Thems										
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIE										
Male White WIDOWED DIVORCE	Dec.10, 1910 Syrs. Months Days Hours Min.									
10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	L- COUNTRY?									
Tebacce Farming Tement	Maryland U. S. A.									
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME									
Fred Beswell	Margaret Mereland									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war or dates of service)										
Ne 213∞44-6812	Lucille Beswell-Same as Item #2.									
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c	c).1 INTERVAL BETWEEN ONSET-AND DEATH									
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ula Hotal 2006									
DUE TO OI										
Conditions, If any, which	e Kestrulis dupuna									
gave rise to Immediate (cause (a), stating the DUE TO										
underlying cause last. (c)										
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?									
I.CA.	YES NO									
PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTN 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJUING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)									
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED	20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)									
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) While at work Not While at work 19 w										
						22a. SICNATURE Light Li				
Nichard I. Hechman	mi) 59 Franklin It Honzelle, and_									
	EMETERY OR CREMATORY 23d. LOCATION (City, town of county) (State)									
Burial 3/2/66 Trinity	Memorial Gardons Walderf Md.									
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY RECISTRAR 25b. REGISTRAR'S SICNATURE									
Ritchie Bres. Upper Marlbere,	Md. BATMAR 8 1966 fclianles Judge									

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213-41-5812 Lucille Lorwell-core as 15er 7.

3/., '05

MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) a. COUNTY e. STATE **b. COUNTY** Anne Arundel New York MARYLAND b. CITY OR TOWN (if outside corporate lim'ts, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) your d of l Syracuse North Arundel General ralo d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address) d. STREET ADDRESS the funera retained he State B 159 Revere Ave. Glen Burnie, Md. 3. NAME OF 4. DATE Middle DECEASED OF in of (Type or print) DEATH Oscar J. Bouchard Page 5 may be stand 2 to Page 5 may be st 1 and 2 with 1 in 72 hours and 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR) last birthday) male white WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY ' 11. BIRTHPLACE (State or foreign country) done during most of working life, even if relired) pages 1 13. FATHER'S NAME PM3. 14. MOTHER'S MAIDEN NAME OSCAR BOUCHARD it. File I MARY JANE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address permit. (Yes, no, or unknown) ! [[fyas giva we ror dates of service] ERS OSCA Office along w burial-transit p 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),] PART I. DEATH WAS CAUSED BY: " in pencil Office alor Craniocerebral injury IMMEDIATE CAUSE (a) r's Office s a burial-f DUE TO Conditions, if eny, which (b) geve rise to immediate cause DUE TO (e), stating the underlying 9 causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,81 19 WAS AUTOPSY Medical Exshould be u 200 EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part | or Part | or firm [8.] PRIMARY To CONTRIBUTING TO orwarded to the Chief M DIRECTOR: Page 3 shed agent, prior to burial driver of auto which was struck from behind by tractor-trailer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) 20c. TIME OF INJURY fectory, street, office bldg., atc.) While Not While 1066 at work st work Millersville street lease execute the certificate is should be forwarded to the FUNERAL DIRECTOR. 21. I certify that I took charge of the remains described above, held an Autopsy k Inspection inquiry death resulted from. Natural causes Accident X Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER [EXAMINER'S NAME (Type) Werner U. Spitz, M.D. Addr. 22b, DAJE THEREOF | 22c. NAME OF CEMETERY OR CREMATORY Address (Streat, city town, or county) **8258** 228 BURIAL CREMATION, REMOVAL (Specify) 22by DAJE THEREOF 40 8 Frank BREGTOR VS. ATSME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

. IS RESIDENCE ON A FARM?

YES TO NO T

19

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? NO F

Md.

and in my opinion

12. CITIZEN OF WHAT COUNTRY!

Months | Days

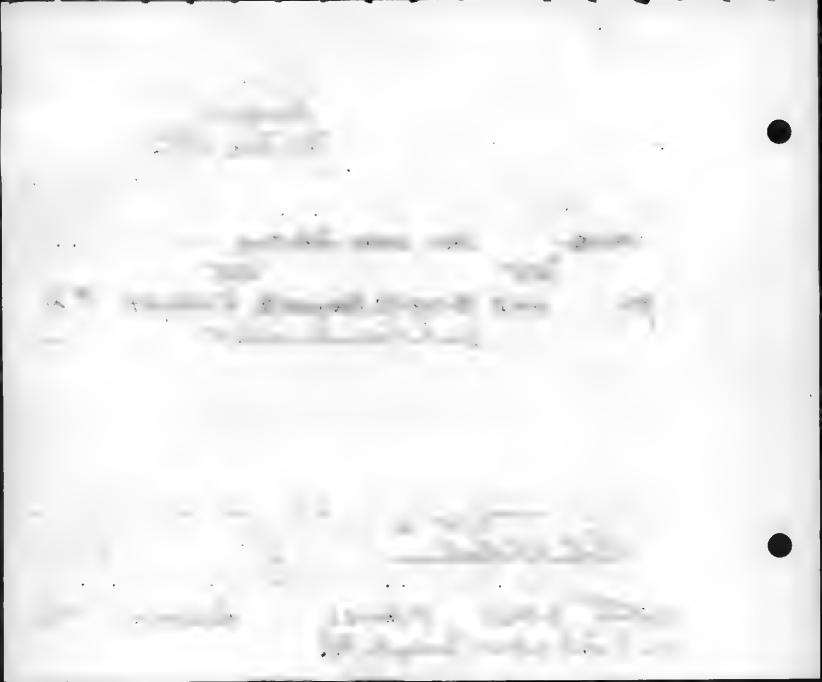
(County)

A.A.

IF UNDER 24 HRS

Undetermined manner DATE SIGNED 22d LOCATION (City town, or country) 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE





Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution Residence before edm ss.on) a. COUNTY our files. of Health, director. Page a. STATE b. COUNTY MARYLAND Anne Arundel Maryland Anne Arundel b. CITY OR TOWN (if outside corporete l'mits. c. CITY OR TOWN (If outs de corporete limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give necrest town! retained for your GLEN BUHNIE Baltimore-rural d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 3. NAME OF Arundel Hospital Box 26 Telegaph Rd. YES NO Middle 4. DATE Year DECEASED OF the (Type or print) DEATH Josephus Hammond Brown 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. 1 st birthdey] Months Days Hours WIDOWED DIVORCED F male colored 10a. USUAL OCCUPAT ON (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE 12. CITIZEN OF WHAT COUNTRY? dahe during most of working I te, even if retired) pages 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. Addmss permit. e along with I 18. CAUSE OF DEATH [Enter only one cause per line for (e, (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: and Shotgun wound of abdomen IMMEDIATE CAUSE (a) r's Office as a burial-tr DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (a), sletting the underlying word "pendin cremation, or PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY Med.cal Ex PERFORMED? YES X NO 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of Item 18.) writing the Chief McPage 3 short shot in abdomen 20d INLURY OCCURRED . 20e PLACE OF INJURY (Home, ferm, 2Df. [City or town] (Courty) (State) While Not While fectory, streat, office bldg., atc.) 1966 . Baltimore-rural A.A. Md. et work at work 21. I certify that I took charge of the remains described above, held an Autopsy k nspection and in my opinion death resulted from. Natural causes Accident. Surcide Homicide X Undetermined manner CHIEF MEDICAL EXAMINER please execute the should be forward by FUNERAL DII ACTUAL ASSISTANT MEDICAL EXAMINER TX DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMENER NAME Type Werner U. Spitz Address (Street city, fown, or county) BURIAL CREMATION .. 226. DATE THEREOF 1 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) ₫ 4 0 p VS A15ME 5M 9 60

AND STATE DEPARTMENT OF HE SE



MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE

Year

Hours |

INTERVAL BETWEEN

ONSET AND DEATH 2 day

WAS AUTOPSY

PERFORMED?

NO [

(State)

YES [

(County)

22b. DATE SIGNED

2-11-1966

1966

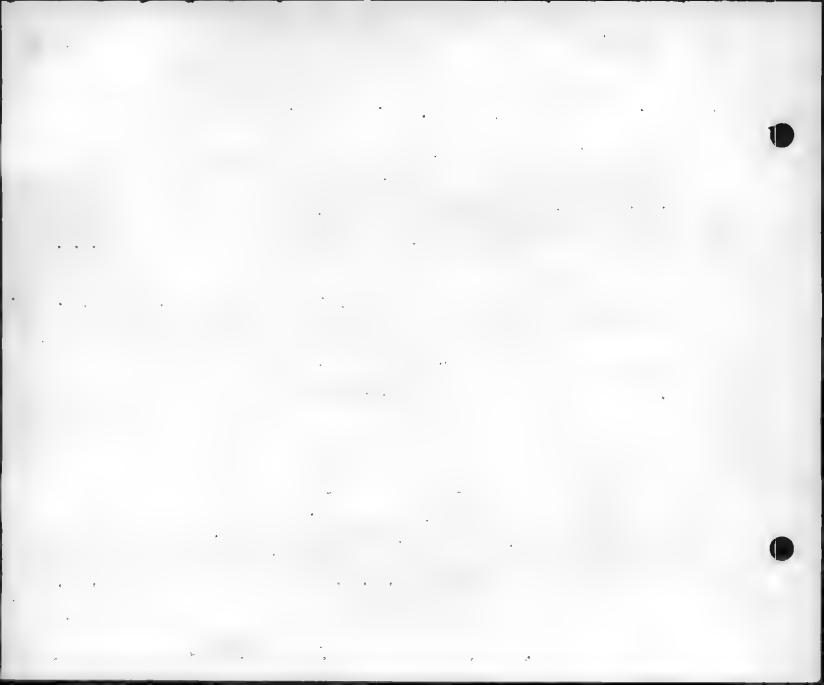
66 19

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A15 (4) 20M 1/65

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MARYLAND STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH after death, PLACE OF OEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY etely filled in by the furbon papers. Pages 1 and within 72 hours after of Anne Arundel MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 1mo 17 days CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) hours rownsville d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? Unknown NO T Crownsville State Hospital within completely carbon 3. NAME OF First Middle Last 4. DATE Month Day Year OFCEASEO event, 3-#18298 Annie Butler (Type or print) OPNSON DEATH 19 66 executed 5. SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE OATE OF BIRTH 9 7. MARRIED MARRIED last birthday) Months Days Hours Female Neoro Dec. WICOWEO 26,1892 DIVORCEO 10a. USUAL OCCUPATION (Give kind of work done | 10b. KINO OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) Sician lease and h þe during most of working life, even if retired) INOUSTRY COUNTRY? Maid U.S.A certificate 13. FATHER'S NAME MOTHER'S MAIOEN NAME attending ph rmit. Then гетоуа Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? ed by the attend transit permit. cremation, or ri 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) ((If yes give war or dates of service) death Rev. ErNest burial, creat INTERVAL BETWEEN CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I, OEATH WAS CAUSED BY: Terminal Pneumonia hospital or attending physician. days IMMEDIATE CAUSE (a) **DUE TO** Congestive Heart Failure weeks Conditions, If any, which (b) een gave rise to immediate the to OUE TO (a), stating the Drior 1 Arteriosclerotic Heart Disease Years underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMEO? certificat YES [NO X DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) 20a, ACCIDENT WAS UNDERLYING detacled f te Dept. of OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this MEDICAL (State) OR ATTENDING PHY: be retained by the 20c. TIME OF INJURY, Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) b∎ d∎ State Hour a.m. Not While After at work at work 58to 66 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last 를 다 DIRECTOR: 66 and that death occurred at from the causes and on the date stated above. saw the deceased alignment 22b. DATE SIGNEO 22a SIENATURE ATTENDING PHYS MED. DIRECTOR palle filed 2/28/66 M.O. PHYS. Page 4 may HOSPITAL PRYSICIAN'S 22d. ADDRESS TO FUNERAL director, p NAME (Type) Crownsvi lle State Hospital.Marvland Mapp (State) NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Smilfy) REC'D BY REGISTRAR FUNERAL DIRECTOR **ADDRESS** 25a. VR A15 (4) 20M 1/65



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN	un .
- 50 M	01696 CERTIFICATE OF DEATH 01643	15
24 hours after death filled in by the funeral apers. Pages 1 and 2 or 72 hours after death	PLACE DE DEATH a. COUNTY A. STATE MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence bef a. STATE MARYLAND	
hours after d in by the rs. Pages 1 2 hours after	b. CITY OR TOWN (if outside corporate limits, write RURAL and give now the RURAL and give nearest town). C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and give now the	RESIDENCE
	Say War Turing Home #4 Latagette are, YES	N A FARM? NO Year
ted w	TO THE TAX	19 6 (INDER 24 HRS. ours Min.
	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF) INDUSTRY COMMITTY	NHA
certificate be of ding physician Then please removal, and in	FATHER'S NAME 14. MOTHER'S MAIDEN NAME TOWNSON DECLEASED TOWNSON DECLEASED TOWNSON DECLEASED	(6)
leath certifi e attending i ermit. Ther on, or remov	. WAS DECEASED FVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. ENFORMANT So, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. ENFORMANT Some of the service of th	4.51
lres that the death of physician. I signed by the atten burial-transit permit. burial, cremation, or	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	AND DEATH
s law requires that the death certificate be attending physician. I have been signed by the attending physician se as the burial-transit permit. Then please the prior to burial, cramation, or removal, and it has the burial cramation.	Cenditions, if any, which gave rise to immediate cause (a), stating the DUE TO	uf
as se ≪	underlying cause last. (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WI	AS AUTOPSY RFORMED?
SICIAN: The la hospital or ath s certificate h ached for use cpt. of Health p	20a. ACCIDENT WAS UNDERLYING 7 CAUSE OF DEATH OR CONTRIBUTING 7 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	J NO D
NG PHYSICIA by the hospi fter this cert be detached State Dept. of	20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 20f. (City or town) (County) 4 twork 20f. (City or town)	(State)
ATTENDI retained CTOR: A should vith the	21. I certify that (I) (this hospital) attended the deceased from 2 - 5 , 1965, to 7 18 , 1966, that saw the deceased alive on 1966, and that death occurred at M, from the causes and on the date state of the state	tated above.
SPITAL OR ATTENDING PHY 4 may be retained by the VERAL DIRECTOR: After thi tor, page 3 should be deta d be filed with the State Da	M.D. ATTENDING MED. STAFF DIRECTOR PHYS. DIRECTOR PHYS. The Physician's NAME (Type) Ray M. Smith M.D. 22d. ADDRESS Hahn Professional Build:	ing
TO HOSPITAL OR ATTENDING PHYSICI Page 4 may be retained by the hos TO FUNERAL DIRECTOR: After this ce director, page 3 should be detache should be filed with the State Dept.	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY, 23d. LOCATION (City, tewn or county) REMOVAL (Specify) 23d. LOCATION (City, tewn or county) REMOVAL (Specify) 23d. LOCATION (City, tewn or county)	(State)
VR A15 (4) 20M 1/65	Villiam Lease 11 - Crysq: Mfl Date EB 21 1966 yellowley Jun	lge.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01693CERTIFICATE OF DEATH O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death 2 USUAL RESIDENCE (Where deceased fived, if institution Residence before admission) PLACE OF DEATH **b** COUNTY o. COUNTY Maryland MARYLAND Anne Arundel Anne Arundel c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) Pasadena 6 IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Anne Arundel General Hospital 113 Maple Avenue YES NO Middle Lost DATE Doy 3. NAME OF DECEASED Baby CARMEAN DEATH February (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS AGE (In years DATE OF BIRTH S. SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** Ve. lost birthday) Months Dovs Hours Min. WIDOWED DIVORCED White Female February 11,1966 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT TO JUSTIAL OCCUPATION (Give kind of work done TOB KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) INDUSTRY Anne Arundel, I'd. InTant 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME cremation, ar removal, Evelyn P. Holebrook Myrlon Carmean 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no, gr,unknown) (If yes give war or dates of service) Myrlon W. Carmean, 113 Maple ... Aspir 11 3 Mone INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Rematurit IMMEDIATE CAUSE (o) be retained by the haspital ar attending physician. 1645 DUE TO JON PERATION OF LUNGS Conditions, if any, which gave nse to immediate couse (a), DUE TO stating the underlying couse ed far use as the af Health priar to this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED foctory, street, office bldg, etc.) While Not While of work 19 66, to 11 Faxo 19 (c, that (1) (we) last 2). I certify that (i) (this haspital) attended the deceased from saw the deceased alive an 11 Fab. 19 66 and that death accurred at TO FUNERAL DIRECTOR: 22b. DATE SIGNED 22o. SIGNATURE ATTENDING PHYS DIRECTOR director, page 3 shauld be filed v 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23g BURIAL (REMATION, REMOVAL (Specify) Tederalsburg Caroline, 1d. 2-15-56 Hill Crest 25b. REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR ADDRESS 24 FUNERAL DIRECTOR VR A15 (4) DATE



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exactived within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
OFFICE OF DEATH

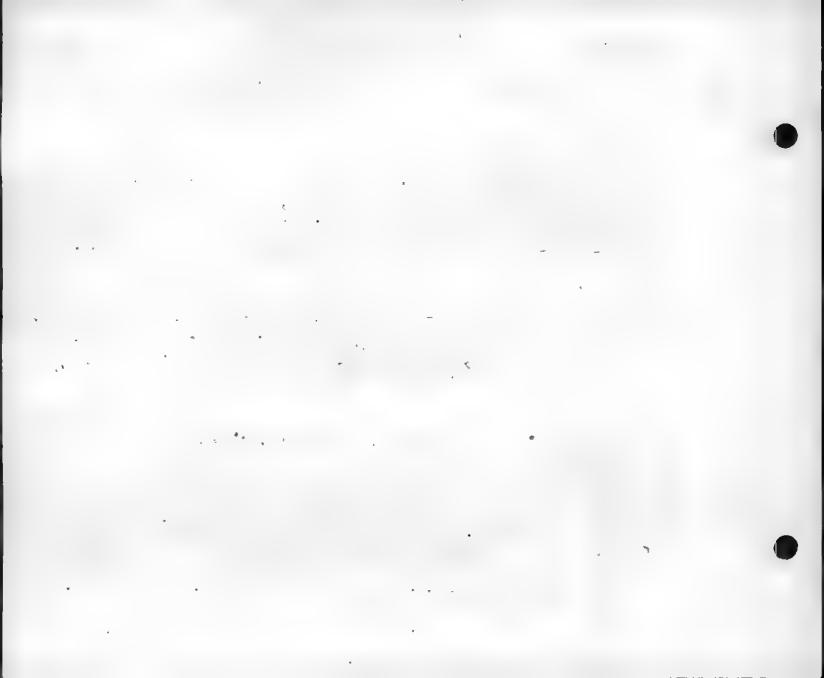
-	U1030		OEIL III ION	E O. DEMI		0-20
1./	PLACE OF DEATH			2. USUAL RESIDENC	E (Where deceased lived, If institution: R	esidence before admission)
	ANNE ARUNDEL		MARYLAND	a. STATE MAR	LAND b. county HOW.	ARD
	 CITY OR TOWN (if outside corporate lin write RURAL and give nearest town) 	iits,	c. LENGTH OF STAY IN 1b	c. CITY DR TOWN (If	outside corporate limits, write RURAL	and give nearest town)
	FORT GEORGE G MEADE		3 DAYS	JESSUP		a st
	d. NAME OF HOSPITAL OR INSTITUTION (if	not in bo	spital, give street address	d. STREET ADDRESS		e. IS RESIDENCE DN A FARM?
	KIMBROUGH ARMY HOSPI	TAL		BOX 177		YES NO X
3.	NAME OF First DECEASED		Middle	Last	4. DATE Month	Day Year
	(Type or print) DENISE		TINNEL	CARTER	DEATH FEBRUARY	1.2 19 66
5.	6. CDLOR OR RACE 7. A	ARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UNDER last birthday) Months I	Days Hours Min.
	TITELLE INTO	DOWED	DIVORCED [NOVEMBER 17	64 1 yrs.	
duri	USUAL DCCUPATION (Give kind of work done ng most of working life, even if retired)	10b. KI	IND DE BUSINESS DR IDUSTRY	,		DUNTRY?
13.	FATHER'S NAME		-	PORTS MAUTH	NAVAVIRGINIA	USA
13.	PATHER'S NAME			7		410==0
15	RICHARD W. CARTER WAS DECEASED EVER IN U.S. ARMED FORCES	2 16	SDCIAL SECURITY NO. 17.	INFORMANT	IAN SYLVIA AN	NETTE
	, no, or unkown) (If yes give war or dates of serv					
	46	1		CHARD W. CAR	<u>uer box 177, jessu</u>	<u> </u>
	18. CAUSE DF DEATH (Enter only one cau			ADDROM		INTERVAL BETWEEN ONSET AND DEATH
-1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_	CARD.	IORESPIRATORY	ARREST		
	DUE TO					
	Conditions, If any, which (b)	HYDRO	OCARBON PNEUMO	ONIA		
	gave rise to immediate (
	cause (a), stating the underlying cause last.					
NO.	PART II. DTHER SIGNIFICANT CONDITIONS O	DNTRIBU	TING TO DEATH BUT NOT RE	LATED TO THE TERMINAL D	DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMED?
3∤	UNKNOWN					YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. D	ESCRIBE HOW INJURY OCC	URRED. (Enter nature of	finjury in Part I or Part II of Item 18	.)
	20c. TIME DF INJURY Month, Day, Year	1 204 15	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, fa	nrm. 20f. (City or town) (Cou	inty) (State)
MEDICAL	Hour a.m.	While	Not While -	tory, street, office bldg., e	tc.)	(-1-1-7
≝ .	p.m. 19	at work	at work	CODDIA DIZ A		/
- (21. I certify that Af (this hospital)	attende	d the deceased from	EBRUARI Y 1	966, to FEBRUARY 12 196	
- 1	saw the deceased alive or EBRU	ARI .	12 19 00 , and th	at death occurred acc	OOM, from the causes and on t	ne date stated above. Ate signed
	22a. SIGNATUR		- Xtana M	D. PHYS.	MED. DIRECTOR PHYS. FERR	4.4
- 1	22c. PHYSICIAN'S		P	22d. ADDRESS		UNILL TEG 1700
	NAME (Type) DOUGTAS D.	STRO	NG, CAPT, MC	KIMBROUGH	ARMY HOSPITAL, FT	MEADE MD
23a.	BURIAL, CREMATION, 23b. DATE THER 2-16-6		23c. NAME OF CEMETER	otist.,	Jessup, Ma.	unty) (State)
24.	FUNERAL DIRECTOR	11	Rockville	25a. RE0	C'D BY REGISTRAR 25b. REGISTRAR	
4	tilly no their	大.4.	TIOOKATITIE	, MC . DATEE	I 8 1966 A clark	- July

VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01699 executed within 24 hours after deoth ond PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) ican and completely filled in by the funeral lease remove corban papers. Pages I and and in any event, within 72 hours after deal o. COUNTY b. COUNTY Maryland Anne Arundel Anne Arundel MARYLAND b CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 t CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) A days Gambrills Annapolis d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? Anne Arundel General Hosbital YES NO X 3. NAME OF First Middle Lost 4 DATE Month Dov Year DECEASED B. OF DEATH Raymond 19 66 CHANEY Februray 16 (Type or print) S SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED TY NEVER MARRIED DATE OF BHOTH last birthdoy) Months Days Hours Male White WIDOWED DIVORCED XX. 1891 100 LSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) ysic an open during most of working life, even if retired) INDUSTRY COUNTRY? Maryland retired -owner -operator MOT B saw mill 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME burial, cremotion, or removal, ottending physical property of the law requires that the death cerp Alfred R. Chaney Amelia W. Brown 16 SOCIAL SECURITY NO. 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, or unknown) (If yes give wor or dotes of service) 219-32-1755 Lawrence Chanev-son Box 96 Gambrills no INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). the signed by the burial-tronsit p PART I DEATH WAS CAUSED BY **ONSET AND DEATH** IMMEDIATE CAUSE (o) Poge 4 may be retained by the hospitol or attending physicion. DUE TO Cond tions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse prior to os the has been lost. WAS AUTOPS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMUNAL DISEASE CONDITION GIVEN IN PART 1(6) USe CERTIF CATION PERFORMED? State Dept. of Health YES NO certificote jo 200. ACC DENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I of Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) O FUNERAL DIRECTOR: After this Hour o.m. Not While factory, street, office bldg., etc.) ATTENDING at work ot work Feb. 16 . 19 66 that (I) (ve) lost 21. I certify that (I) (theselvanity) attended the deceased from 19 . 10 director, page 3 should should be filed with the F.b. 16 19 66, and that death occurred gt M, fram causes and on the date stated above. sow the deceosed alive on 200. SIGNATURE 22b DATESIGNED **ATTENDING** STAFF O HOSPITAL OR PHYS DIRECTOR PHYS. 22d **ADDRESS** 22c. PHYSICIAN'S Southgate Ave., Annapolis, Md. NAME (Type) Maurice Klawans. M.D. 23c NAME OF CEMETERY OR CREMATORY 23o BUR A., CREMATION 23b DATE THEREO 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Lincoln Washington 25b. REGISTRAR'S SIGNATURE r ADDRESS 25o. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Hopping Funeral Home /~

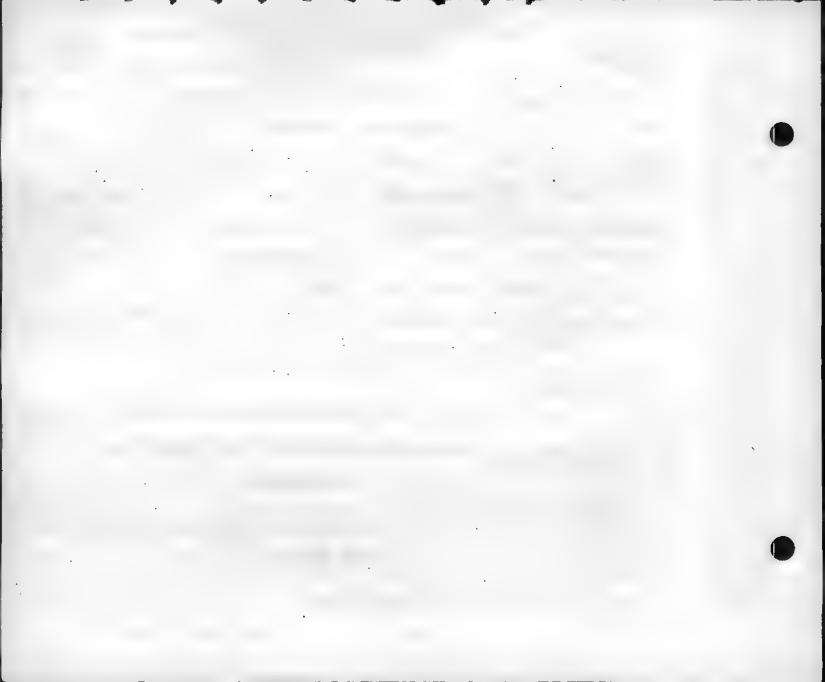
Annapolis



VR AI5 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

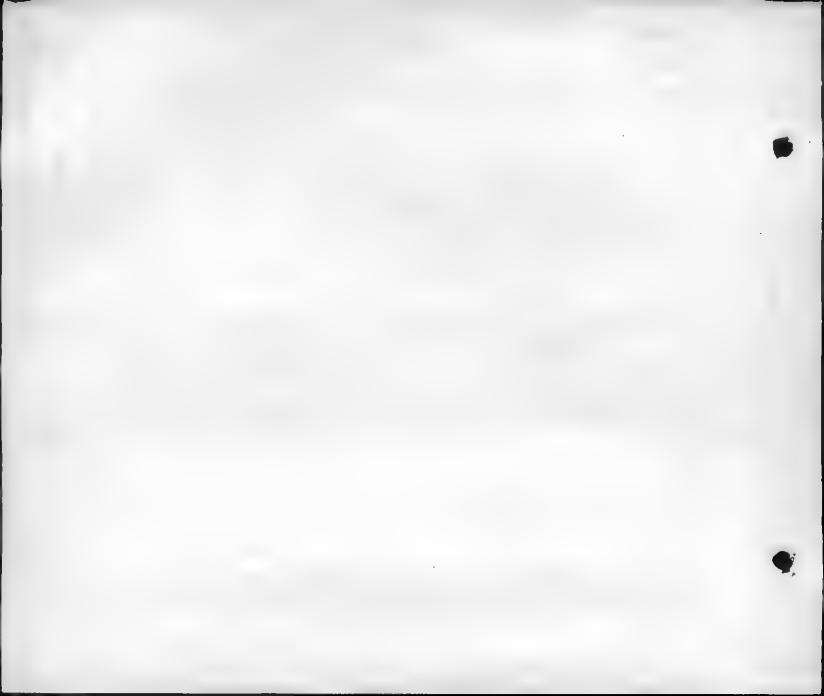
. I	_	11 7831 CERTIFICATI	UF DEATH
М	1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
1		a. COUNTY	a. STATE b. COUNTY
-		AWNA MENTOLE MARYLAND	NIV AA
1		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
		Gled Brene	Clearwater Beach
П		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM?
1		North Arendel	805 Julity Rd YES NO
	3.	NAME OF First Middle	Last 4. DATE Month Day Year
ı		(Type or print) ELIZABETH C'LI	12K DEATH FEB 19 1966
П	5.	N. INMERIED B. INCARE MINISTED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
ı		White WIDOWED DIVORCED	aug 23, 1903 (ast birthday) Months Days Hours Min.
	10a duri	.USUAL DCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
		Haute	Scotland 1480
F	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		James Kenney	Jane Collins
	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
1	100	NO (1355 give was as dates)	family Same
Ī	ī	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
П	-1	PART I, DEATH WAS CAUSED BY:	ONCET AND DEATH
П	П	IMMEDIATE CAUSE (a)	of Mycarcaion long
ł		Conditions, if any, which) DUE TO ARTERIOSCIEROS	to hospit disease 2 andths.
1	- [gave rise to immediate (b) /TR/R/35C/RR87	or MINIO
1		cause (a), stating the DUE TO	
1	_ }	underlying cause last. (c)	
1	≦	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELAT	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	CERTIFICATION	NONC	PERFORMED?
ı	1	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUI OR CONTRIBUTING CAUSE OF DEATH	RRED. (Enter nature of Injury in Part I or Part II of Item 18.)
		(IF EITHER, NOTIFY MEDICAL EXAMINER)	
П	ᇎᅵ	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, farm, 20f. (City or town) (County) (State)
ı	MEDICAL	Mulia — Not while —	y, street, officabldg., etc.)
1	Σ,	p.m. 19 at work at work	
1			eb 19 19 6 to Feb 17, 1966, that (1) twee last
1		saw the deceased alive on 1966, and that	death occurred at 332M, from the causes and on the date stated above.
1	-	Frank A. Mead Que	ATTENDING MED. STAFF 22b. DATE SIGNED
1		220' PHYSICIAN'S	PHYS. DIRECTOR PHYS.
1	j	NAME (Type) A. Mend JE'M.D.	Seveena PARK, nac.
	23a,		OR CREMATORY 23d. LOCATION (City, town or county) (State)
		REMOVAL (Specify) 2-23-66 Men	Haven Colon Burnel Mil
1	24.	FUNERAL DIRECTOR ADDRESS	25a. REC'D BX REGISTRAR 25b. REGISTRAR'S SIGNATURE
1		McCelly French Her 231018 place	FEB 23 1966 Cuartes Judge
			DATE



CERTIFICATE OF DE the funeral director, should be filed with PLACE OF DEATH 2 USUAL RESIDEN p. COUNTY o. STATE MARYLAND b. ETY OR TOWN IIf outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOY RERAL and give nearest town) d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION NAME OF Last DECEASED exelluted within 24 (Type or print) completely fills S. SEX 6 COLOR OR RAPE MARRED NEVER MARRIED B. DATE OF BIRTH WIDOWED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if relired) pup 13. FATHER'S NAME 14. MOTHER'S MA 15 WAS DECEASED EVER IN U.S. ARMED FORCES? SECURITY NO 17, INFORMANT offending 18. CAUSE OF DEATH [Enter only one cause per ine for (o), (b), and PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) **DUE TO** permit. Conditions, if ony, which gued gove rise to immediate **DUE TO** couse (a), stoling the underlying couse last. as the buriol-transit remayal, and PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CERTIFICATION 0 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of inju 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home Gatached for use factory, street, office bld 0. m, While Not while of work | of work | p. m. 21. I certify that I attended the deceased from alive on_ , and that death accurred at ACTUAL SIGNATURE prior page 3 should be TO FUNERAL DIR. the registror PHYSICIAN'S NAME (Type) BURIAL, CREMATION. 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) ion haven 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR VS A1S (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1 2/ (/ 00 Mil	
ATH	Reg. Dist. No. () 1 648
CE (Where deceased lived. If institution b COUNTY	n Regidence before admission?
(4)	4.14.4
N (If autside corporate limits, write RL	IRAL and give nearest town)
Holl Beoch	, Chingson
ESS	IS RESIDENCE ON A FARM?
· 1000/ 25-	YES NO
4. DATE Mont	Doy Year
DEATH 2-2	0 66 - 19
1906 9. AGE (In years lost birthday)	Months Doys Hours Min.
18. 1960 59 m	
(State or foreign country)	12 CITIZEN OF WHAT COUNTRY
elmore he	# 47
DEN NAME	0
rec bose	Er.
Addre	Tel and
000	INTERVAL BETWEEN
Juster	
The contract	
remas Ata	2016
TERMINAL DISEASE CONDITION GIVE	PERFORMED?
B - 1 0 - 10 - 21 - 20 -	YES NO
ery in Port I or Part II of item 18.)	
5	
e, form, 20f (City or town) g., etc.)	(County) (State)
1464, 19.	,that I last saw the deceased
	nd an the date stated above
ADDRESS (Street, city or town, s	lole) DATE SIGNED
150/15	2 2066
encorna (ZIP 1
	- Line
22d LOCATION (City, town, or	
B.	Arallo, lite



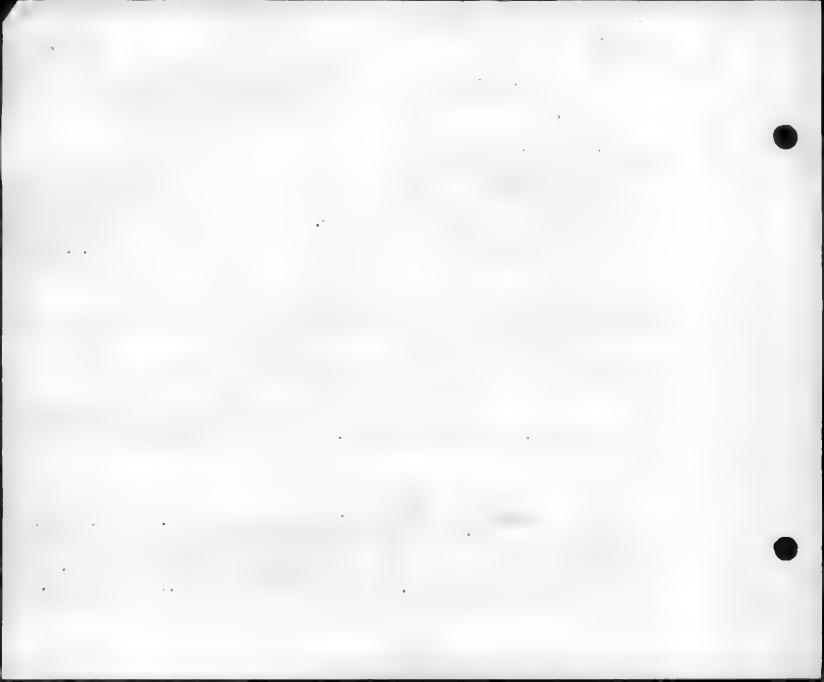
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01702	
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A	1	01/03		CERTIFICATE	OF DEATH		01649
		PLACE OF DEATH				Where deceased lived, it institution. Res	idence before admission)
	(o. COUNTY	Anne Arundel	MARYLAND	o. STATE Mary	yland b. COUNTY Ar	me Arundel
	I	b. CITY OR TOWN (if o write RURAL and g	outside corparate limits,	c LENGTH OF STAY IN 16		its de carparate limits, write RURAs and	give nearest town)
		Annaj	00118	5 days	Maye	D	
19			OR INSTITUTION (If not a haspital, g		d STREET ADDRESS		e IS RESIDENCE On a farm?
7			el General Hospit		Box 136		YES NO
		NAME OF DECEASED	First	Middle	Lost	4 DATE Month	Day Year 24 19 66
	- ((Type or pnnt)	Charles	Edgar	COMBS	DEATH TEDTELLTY	24 ₁₉ 66 DER I YEAR I F UNDER 24 HRS.
			COLOR OR RACE 7 MARRIED	A HEVER IMPORTAGE	. DATE OF BIRTH	9 AGE (In years IF UNI last brithday) Manth	
		ale	White WIDOWED		lov. 18. 18		CITIZEN OF IMILAT
	dyri	USUAL OCCUPATION (Ging most of working life	e, even if retired) INI	ND OF BUSINESS OR Dustry	11. BIRTHPLACE (Lounty		COUNTRY?
		hop Teac	her (Ret.) Pub	olic Schools	14 MOTHER'S MAIDEN I	Pennsylvania	0.5.
		Richard WAS DECEASED EVER N		OCIAL SECURITY NO 17	Anne La	Address	
	(Ye	es, no, or unknown) ((If	ves give war or dates of service)				
	I (WW I (H (Enter anly one cause per line far		. Marguer	ite E. Combs.	(same as #2)
			WAS CALISED DV				4 ONSET AND DEATH
		4201	IMMEDIATE CAUSE (o) Sho	Ų.			14 days
		Conditions, if any, w		te (posterio	or) myoca	rdial infarcti	on6 days
		rise to immediate o	ouse (a) (Due to	, , , , , , , , , , , , , , , , , , , ,	,,		
		lost.		erioscleros	is. genera	al and coronar	v - vears
	_	PART IS OTHER SIGN	Present collections continue truce t	O DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CON	ADITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
	CERTIFICATION	HABBEER	nsion, Bullous	es mellitus emphysema.	, Atrial	and ventricula	YES NO NO
	TIFIC	20g ACCIDENT WAS U	NDERLYING ☐ 205 DE:	CRIBE HOW INJURY OCCURRED. (Enter noture of injury in	Part I or Part II of item 18)	
	ER.	OR CONTRIBUTING (IF EITHER, NOTIFY ME					
	MEDICAL	20c. TIME OF INJURY	mighting boll, tout		E OF INJURY (Hame, farm		(County) (State)
	ME	Haur om. p.m.	19 While at work	Not While of work	ary, street, affice bldg , etc)		
			that (I) (the hope particular	ed the deceased fram_1	DEC 2 , 1	9 65, to Feb. 24,	19 <u>66</u> that (I) <u>since</u>) last
			eased alive an Feb. 2	4 19 <u>00</u> , and that	death accurred at	640 A M, from couses and a	
,		22a. SIGNATURE	1. 01.1		ATTENDING DILYC	MED. STAFF	. DATE SIGNED
1		22c. PHYSICIAN S	valvy	M.C	22d ADDRESS	DIRECTOR L PHYS. LJF	eb 24, 1966
		NAME (Type)	Charles W. Kinze	r, M.D.		er MedCent., Edger	water, Md.
	23a	BUR AL, CREMAT ON	23b, DATE THEREOF	23c NAME OF CEMETERY OR C	REMATORY	23d LOCATION (City or Town)	(County) / (Stote)
		REMOVAL (Specify)	Feb. 28, 1966	1 /1 . 1 1/.	L 1117 1	7 //: //	Parsinia
	29	FUNERAL DIRECTOR	1/10	ADDRESS	11 25q NEC	BY REGISTRAR 2Sb. REGISTRAR	
		REMOVAL (Specify)	Jeb. 28, 1466	arlington Net	times Cember	B BY REGISTRAR 256. REGISTRAR	Carginia

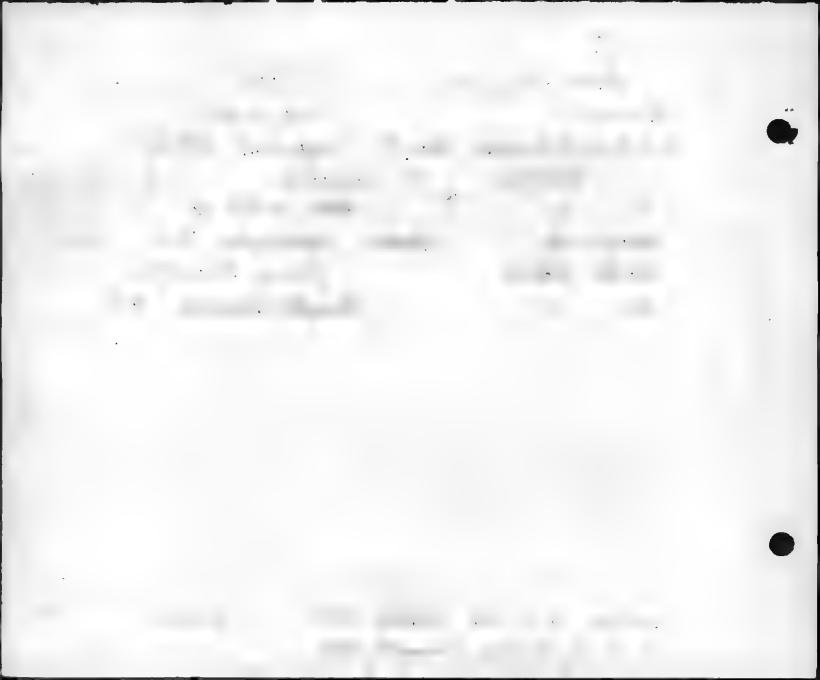
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please rethore, arban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in all ever in, within 72 hours after departs. Page 4 may be retained by the haspital or attending physician

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMDRE 1, MARYLAND STAT MEDICAL EXAMINER'S CERTIFICATE HEALTH DEP PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY a. STATE MARYLAND Department after death. funeral b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town) may D9EWA d. NAME OF ROSPITAL OR INSTITUTION (if not in hospital give street address) IS RESIDENCE
ON A FARM? S d. STREET ADDRESS 3 to State S 40 No 54 YES NAME OF Middle Lest DATE Month Day Year DECEASED 2 DEATH 8 ORDON (Typa or print) 2 with within 5. SEX DATE OF BIRTH 6. COLOR OR IF UNDER 1 YEAR IF UNCER 24 HRS 9. AGE (In yaara Torna 7. MARRIED NEVER MARRIEO Jest birthdey) Months Hours Pages after death. WIDOWED DIVORCED 10s. USUAL OCCUPATION (Give kind of work dons during most of working life, eyen if retired)

10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHA COUNTRYS. HOUSE WIX ATHER'S NAME 24 hours INFORMAN 15. WAS DECEASED EVER IN U.S. ARMED FORCES Address (Yes, no, pr unkown) (If yes give war or dates of service) **EXAMINER: This certificate should be executed within the certificate, writing the word "pending" in pencil is should be forwarded to the Chief Medical Examiner's INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate **DUE TO** causs (e), eteting undarlying cause last. used as to burial, (c) WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION PERFORMED? YES 🗌 NO F 8 5 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part II of Itam 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | 3 should basent, price MEDICAL 1 20e, PLACE OF INJURY (Home, farm, (County) (State) TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURREO 20f. (City or town) factory, street, office bidg., etc.) Hour e.m. While Not While CTOR: Page designated p.m. at work !__i/ et work 21. I certify that I took offere of the remains described above, held an Autopsy Inspection and in my opinion DIRECTOR: death resulted from Suicide Undetermined manner Natural causes Homicide Accident execute the r. Page 4 s d for your t CHIEF MEDICAL EXAMINER 15 **ACTUAL** DATE SIGNED ASSISTANT MEDICAL EXAMINER director. For retained for y TO FUNERAL DI of Health or SIGNATURE *OEPUTY MEDICAL EXAMINER* EXAMINER'S NAME (Type) Address (Street, city, town, or county) NAME OF CEMETERY OR LOCATION (City, town of county) (State) BURIAL, CREMATION.1 23b. DATE THEREOF 23c. CREMATORY REMOVAL (Specify) REGISTRAR'S SIGNATURE FONERAL DIRECTOR REC'O BY REGISTRAR 25b. 24. VR AISME (5)



Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please-remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please-remove carbon papers. A hours after death, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BAL'	TIMORE 1, MARYLAND
01704	CERTIFICATE OF DEATH	01651

GERTIFICATI	E OL DEVIU
1. PLACE OF CEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
a. COUNTY A APO	a. STATE MO b. COUNTY ARCO
b. CITY OR TOWN (if outside corporate limits, c. LENGTH DF STAY IN 1b	c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town)
perte HURAL and give nearest town)	Edge was the -
174911 AM. A. JLIS	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET AODRESS 9. IS RESIDENCE DN A FARM?
_ D.o. A- Avnc Alundel. general.	woodland. Beach YES NOW
3. NAME OF DECEASED (Type or print) Beulamin (C)	Last 4. DATE Month Day Year OF DEATH 2 - / 1966
E OFY	B. DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR IIF UNDER 24 HRS.
7. MARRIED P HEVER MARRIED	last birthday) Months Days Hours Min.
MALE ('AUC, WIDDWED DIVORCED]	JUN 23, 1900 65 yrs.
10a USUAL DCCUPATION (Give kind of work done 10b. KIND OF BUSINESS DR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
U. S. GOV'T RET. PAINTER	INDIANIA II.SA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ALBERT WARREN CRAPO	LYDIA PHEMISTER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	
(Yes, po, or unkown) [(If yes give war or dates of service)]	PO 13CX 1 C
YES WWII 578 09 2434MC	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cuches Cause	ener suster
13114	
Conditions If any which I	
gave rise to immediate	
cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED?
LEGI LEGI LEGI LEGI LEGI LEGI LEGI LEGI	YES ND X
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY DCCU	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 203. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAG	CE DF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While - Not While - factor	ry, street, office bldg., etc.)
p.m. 19 at work at work	
21. I certify that (I) (this hospital) attended the deceased from	19, to 2/1/66, 19, that (I) (we) last
saw the deceased alive on19, and that	death occurred at M, from the causes and on the date stated above.
22a. SIGNATURE	1 22b. DATE SIGNED
The Reed of M.D.	ATTENOING MED. PHYS. DIRECTOR PHYS. 2-1-6.
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) E. LIW hARRY.	(Impas - Kel
23a. BURIAL, CREMATION, 23b. DATE THEREDE 1 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMDVAL (Specify)	1 0 0
BURIAL FEB 4, 196 ARLINGTON P 24. FUNERAL DIRECTOR ADDRESS.	VAT CEMI. IARLINGTON VIRGINIA
300 4E ST	NE.
LEE FUNERAL HUME WASH D.C.	DATEFEB 7 1966 Melianles Judge

VR A15 (4) 2DM 1/65



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in by the funeral—director, page 3 should be detached for use as the burial-transit permit. Then please fathove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

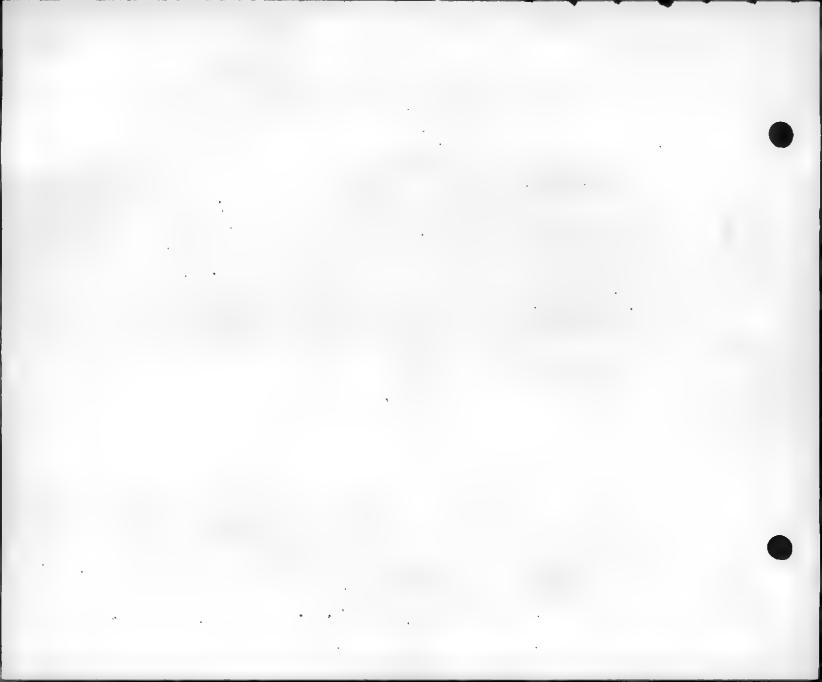
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

PLACE OF DEATH

11 2. USUAL RESIDENCE (Where deceased lived, 16 institution; Residence defore admiss

1.	a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Res	idence before admission)
П	Aure Arunder MARYLAND	a. STATE M.D. b. COUNTY A	H la
-	b. CITY OR TOWN (if outside corporate timits. A.C. LENGTH DE STAY IN 1b	C. CITY DR TDWN (If outside corporate limits, write RURAL a	nd give neares (t)wn)
	write RURAL and give nearest town)	Severua Park	well
-	d. NAME OF HOSPIJAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
: /	Anne Arundol Lou 1	517 white OAK.	YES NO.
3.	DECEASED	Last 4. DATE Month	Day Year
- 6	G. SEX 6. COLOR OR RACE 7 MADDIED NOTICE MADDIED 8.	DATE OF BIRTH SOLD AGE (IN years IF UNDER 1	19
"	A MARKIEU NEVER MARKIEU		lays Hours Min.
10		11. BIRTHPLACE (Country & State, or foreign country) 12. CIT	IZEN DF WHAT
du	uring most of working life, even if retired) Elas fromes	COU.	NTRY?
		14. MOTHER'S MAIDEN NAME	
	John Crechi!	Charle and are	
10	15. WAS DEDEAS DE EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITYND. 17. IN Yes, no, or sakowin (If yes give was or dates of service)	NFORMANT Address,	13%
	13/12/11/11	Withet & Creeke	- Cebere
	18, CAUSE OF CEATH [Enter only one cause per line for (a), (b), and (e),]	1 0 - 0	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY:	Heart Faceled	OHSEL AND DEATH
	DUE TO M	8.	
П	Conditions, if any, which gave rise to immediate (b)	N	
	cause (a), stating the DUE TO	W.	
Z	underlying cause last. (c)		ALL THE THE POST
AT10	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE	ED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMED?
FIC	20a ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INHIBY OCCURE	RED. (Enter nature of intury in Part or Part of Item 18.)	YES NO
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part 1 of Part 11 of item 10.)	
CAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE	DF INJURY (Home, farm, 20f. (City or town) (Coun-	ty) (State)
MEDICAL	Hour a.m. While Not While ractory, p.m. 19 at work at work	, street, office bldg., etc.)	
	21. I certify that (I) (this hospital) attended the deceased from 19	(58 ,1900, to 1966, 19	_, that (I) (we) last
		leath occurred at M. from the causes and on the	
	1122 STGNATURE	ATTENDING MED. STAFF	E SIGNED
	M.D.	PHYS. DIRECTOR PHYS. 22d. ADDRESS	166
	NAME (Type Color) R. Solu	B.O. Box 73 Lovelus	Osus
23	38. BURIAL CREMATION, 230. DATE THEREOF 230. NAME OF CEMETERY O	OR CREMATORY 23d. LOCATION (City, town or count	(State)
	REMOVAL (Specify) 2-17 th	tarem jeten jee	c . s . / &
2	24. FUNERAL DIRECTOR ADDRESS	25a. REGISTRAR 25b. REGISTRAR'S	11 1 -
	Start of Warner, Somme St	in the Date EB 14 1966	1



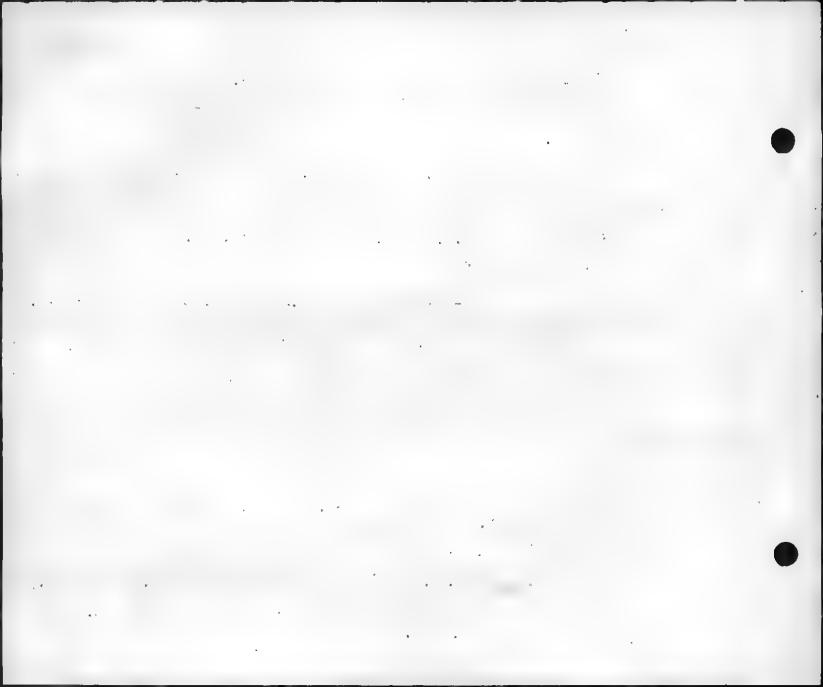
Page 4 may be retained by the hospital ■r attending physician.

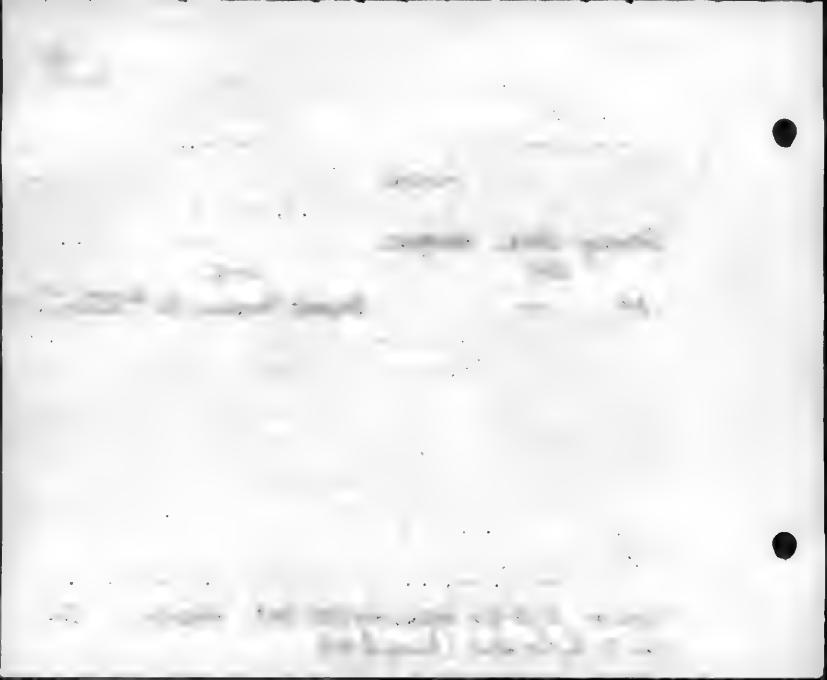
■ FUNERAL ■IRECTOR: After his certifinat■ has been signed by the attending hyster and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then prease remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deapth. TO HOSPITAL OR ATTENDING PHYSICIAN: The law remulres that the deall merificate—be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
01706
CERTIFICATE OF DEATH

	0.40170
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
Anne Arundel MARYLAND	a. STATE b. COUNTY
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Severna Park.	Baltimore - 21218
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 0. IS RESIDENCE
2 0 7 Kathy Court	2831 The Alameda ON A FARM?
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) John T. Cr	oucher DEATH February 12 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
Male W WIDOWED DIVORCED	12/26/1889 76 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Rectifier Md.Distillery	Baltimore, Md.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Croucher	Augusta Erne
	INFORMANT Address 21213
(Yes, no, or unkown) (If yes give war or dates of service) 212-01-0388 J.	ohn S.Croucher, 3059 Mayfield Ave.,
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a)	The factory
Conditions Is any which DUE TO	O. It Colomber di Compute
Conditions, If any, which gave rise to immediate (b)	urou arapumanung
cause (a), stating the DUE TO	
underlying cause last.) (c) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY
5 LANKER OLIEK SIEULLICHAL COMPLIANZ CONTRIBUTING TO DEVIH BOLINOLKER	PERFORMED?
	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART OF	JRRED. (Enter nature of Injury In Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA facto while p.m. 19 at work at work	ry, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	eb. 11 1966 to Feb 12 1966, that (I) (we) last
saw the deceased alive on Feb 12 1966, and that	t death occurred at 6 PM, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
of m Smith M.	ATTENDING MED. STAFF DIRECTOR PHYS.
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) Ray M. Smith, M. D.	Hahn Professional Bldg., Severna Pk., Md.
REMOVAL (Specify) 2/16/66 Parkwood C	emetery Baltimore, Md.
Schimunek Funeral Home, Inc.	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Schimunek Funeral Home, Inc.	OFFE B 17 1999 Phayles Judge
JJJI DIEIMIS DAILE	1 DATE B I 7 1966 Jeliantes Judge

VR A15 (4) 20M 1/65





FOR STATE HEALTH DEPT.

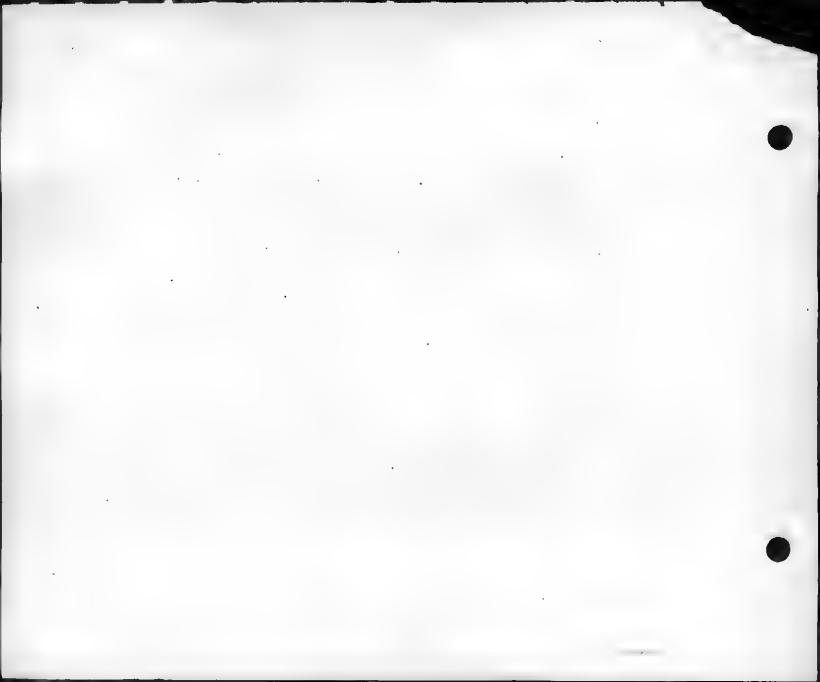
DEPUTY MEC EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and impay event within 72 hours after death TO DEPUTY MEC

> VR ALSME (5) 5M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

		01703 MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	11656
1	1.	PLACE OF DEATH			E (Where deceased lived, If Institution: Re	esidence before admission)
		Anne Arundel	MARYLAND	a. STATE	b. COUNTY arvland Ann	a a American d a T
			LENGTH OF STAY IN 16		outside corporete limits, write RURAL	ne Arundel and give nearest town)
		Glen Burnie	2 weeks			1
	_	d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp	ital, give street eddress)	d. STREET ADDRESS	everna Park	e. IS RESIDENCE
4					22 Chambons Book	ON A FARM?
1,0	2	North Arundel Hospita		12	O3 Sherborn Road	YES NO Z
	٥.	OFCEASED (Type or print) LINDA	Middle J.	DAVIES	4. DATE Month OF DEATH February	Day Yeer 16 19 66
	5.	Ary		8. DATE OF BIRTH	9. AGE (in years IF UNDER)	20
		omo To	HELEK WINWILED TO	9-51-(11		Days Hours Min.
		USUAL OCCUPATION (Give kind of work done 10b Kind	DIVORCED	11. BIRTHPLACE (SI	ete or foreign country) 12, Cl	TIZEN OF WHAT
	dur	ing most of working life, even if retired) INDU	STRY	11. BIRTHPLACE (SI		UNIRYI
	12	STUDENT HIGH	1 School	lud	le Foland	117
	10.	PATHER'S NAME		14. MOTHER'S MAID	EN NAME	
		alfred E. L	aues	Joes	Grown	
	(Ye	WAS DECEASED OFER IN U.S. ARMED FORCES? 16. SOC s, no, or philogen) ((If yes give war or dates of service)	CIAL SECURITY NO. 17.	-INFORMANT	Address	00
		///	100	Kred	E. Davies,	ocoul
		18 CAUSE OF DEATH [Enter only one cause per line	for (e), (b), and (c).)			INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: Left H	lemothorax			OHSET AND DEATH
,		8167 DUE TO				
V		conditions, if eny, which gove rise to immediate (b) Ruptur	e of Lacerat	ion of Aorta	1.	
		cause (a), steting the DUE TO				
		underlying couse last. (c)				
	MEDICAL CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	IG TO DEATH BUT NOT RELA	ITED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMED?
2	ICA					YES X NO
	ZTF	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING Dri	CRIBE HOW INJURY OCCL	JRRED. (Enter nature of	Injury in Part 1 or Part II of Item 18.)
	8	CAUSE OF DEATH. Dri	ver in auto-	auto collisi	.on.	
	CAL		RY OCCURRED 20e. PLA	CE OF INJURY (Home, fa	rm, 20f. (City or town) (Cou	nty) (State)
	4ED	Hour XXXX 2/ 3 66 While p.m. 2/ 3 19	Not While A facto	street, officebldg., et Street	Severna Park A	.A. Md.
, d.	~	21. I certify that I took charge of the remain	s described above, he	ld an Autopsy 🔯 .	Inspection , Inquiry ,	and In my opinion
		death resulted from: Natural causes ,	Accident X Sui	icide . Homicio	le , Undetermined manner	
				CHIEF MEDICAL	EXAMINER	
		SIGNATURE (harles) /	elly .	M.D. ASSISTANT MED	DICAL EXAMINER X	22. DATE SIGNED
		EXAMINER'S		DEPUTY MEDIC	AL EXAMINER	2/17/66
		NAME (Type) Charles S. Petty.	M.D.	Address (Street	, city, town, or county)	
1	23a		30 NAME OF CEMETERY	DR CREMATORY	23d. LOCATION (City, town or cou	nty) (State)
1	1) IMAN 2-+1-66 1	Balla 11	olional	1 Dallo	Me
2	24.	UNERAL DIRECTOR	ADDRESS	25a. REC	D BY REMSTRAR 256. REGISTRAR'S	S SIGNATURE
-	Ra	herts S. Barranco, Saverna	Park, Mil.	DATELE	21 1956 Milane	y Judge _



within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO BORNTAL OR NITERING PRYSELEM THE far requires that the death cartificate he executed age 4 may be retained by the hospital ar attending physician.

MADVIAND STATE DEDADTMENT OF BEALTH

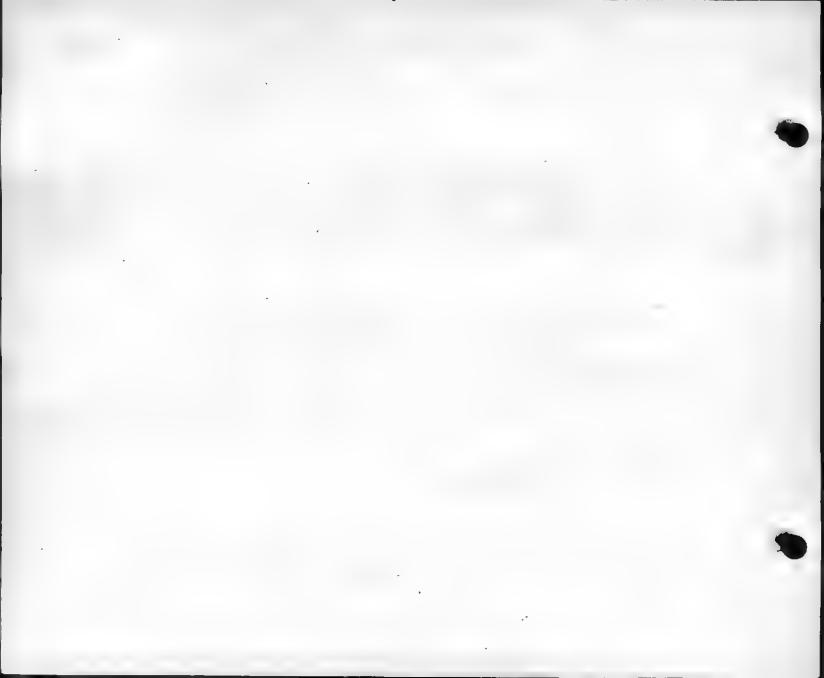
	MARICAND STATE DEPARTMENT OF REALTH	
DIVISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1. MARYLAND
01709	CERTIFICATE OF DEATH	0 1657

4		2						J 01.90	042					
2	1. PLACE DF DEAT a. COUNTY		2. USUAL RESIDEN a. STATE	CE (Where dece	ased lived, If institu	tion: Reside	nce before admission)							
		Anne Aru		MARYLAND	Mar	yland			Arundel					
	b. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town)			c. LENGTH OF STAY IN 1				RURAL and	give nearest town)					
	Anna	apolis	RURAL - Annapelis											
1				ospital, give street address					e. IS RESIDENCE ON A FARM?					
		iel General			Rt-3, Box-244									
1	3. NAME DF DECEASED		irst	Middle	Last	4. DATE DF	Month	_	ay Year					
	(Type or print) 5. SEX	Marga	ret	Louise	DAVIS	DEATH	February		8 1966					
1		6. COLOR OR RACE			8. DATE OF BIRTH		AGE (In years I IF I last birthday) Mo	JNDER 1 YEA	AR IF UNDER 24 HRS.					
1	Female	Negre	WIDDWED		Jan. 7, 190)T	O) yrs.							
	during most of worl	FIDN (Give kind of work ing life, even if retire	done 10b. K	IND OF BUSINESS OR	11. BIRTHPLACE (C		-	CDUNT	N OF WHAT RYZ					
	Housewif			KKKREKKKKK		Plainfield New Jersey U.S.								
	13. FATHER'S NAM					14. MDTHER'S MAIDEN NAME								
			rey			Unknown								
	(Yes, no, or unkown)	EVER IN U.S. ARMED FO (If yes give war or dates)	of service)			informant Annapolis, Maryland rvey F. Davis-Rt. 3-Box-244 Arundel On Bay								
	No				arvey F. Dav.	12-11.00)	-box-244	Aruna	at ou pay					
				Ine for (a), (b), and (c).]	1 0 0	```			TERVAL BETWEEN NSET AND DEATH					
	PART I. DEATH WAS CAUSED BY: [Menera (Acedose)]													
		conditions, If any, which) DUE TO Syperless barke Schoole power Execute												
	Conditions, If gave rise to		(b) (b)	pour	present		Odject							
	cause (a), s		TO 1	Landen Vita	Wedal Mel	lehi			20year					
ľ	underlying cau		(c) <u>//</u>	2)										
	PART II. OTHER	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?												
ż	On the little	Mag diversively) Ant						YES ND C					
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO [
	3 20c. TIME OF	INJURY Month, Day,	Year 20d. 1	NJURY OCCURRED 20e. P	LACE OF INJURY (Home, f	arm, 20f. (C	Ity or town)	(County)	(State)					
	Hour a.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 4 work 19 20 at work 20 at work												
	21 Learning that (1) this hearing attended the decorated from 7 10 66 that (1) (such last													
	saw the deceased alive on Feb. 7 19 66, and that death occurred at M, from the causes and on the date stated above.													
	Therefore of lepison to M.D. ATTENDING MED. DIRECTOR PHYS.													
	22c. PHYSTCH NAME (T	land.	I.	10.00	22d. ADDRESS									
		т. н.	ohnson				napolis,							
	Burial (Sp	Ba. Burial Cremation, 23b. Date Thereof Baltimore National V.A. 23d. Location (city, town or county) 23d. Location (city, town or county) Baltimore, Maryland												
2	24. FUNERAL DIR	CTOR		ADDRESS	25a. RE	C'D BY REGIST	RAR 25b. REGIS							
)	C.E	C.E. Hicks Ill Annapolis, Maryland DATEEB 15 1986 Munity Judge												
							- M							

VR A15 (4) 20M 1/65



100	4	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND								
FOR STATE	· ·	MEDICAL EXAMINER'S CERTIFICATE OF DEATH () 1650								
HEALTH DEP	1.	PLACE OF DEATH a. COUNTY b. COUNTY b. COUNTY c. STATE c. STAT								
A mark	4	a. COUNTY (b. COU								
cessary funeral may be artment r death.		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)								
fune may artmer		Cunat tus								
o the funeral e 5 may be Department		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?								
ate ate	1	36 Fled St. 367 Let St. YES NOW								
PS SE	3.	DECEASED OF OF								
any c 2, ar PM3. h the	_	TO SEE ALL SEE								
urs after death. If an 18. Give Pages 1, 2 along with form Pages, and 2 with in-any-event within	5	Months Days Hours Min.								
Page Page th feth ad 2	10	WIDOWED DIVORCED 2 23/873 / yrs. 1a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11b. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 15. CITIZEN OF WHAT COUNTRY?								
ive Paint with with event	di									
# 15 m	1	FATHER'S NAME (1) 14. MOTHER'S MAIDEN NAME (1)								
ttem 18. Office alon File pages	-17	Highler Demmin Sr. Mary acknowl								
24 ho n Iten Office File , and		5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (14. 0)								
r's r's nit.	1,	Tillet & Dennis - 36 Fleet St. au 149 mg.								
ted within 24 hou 'in pencil in Item Examiner's Office Isit permit. File por removal, and		18. CAUSE OF DEATH [Enter only one cause) per line for (a), (b), and (c).]								
uld be executed 1 "pending" in of Medical Exan a burial-transit cremation, or		IPART I. DEATH WAS CAUSED BY: INCLUDE COMMEDIATE CAUSE CONTROL								
should be execu word 'pending' Chief Medical I as a burial-tran urial, cremation,		DUE TO								
be e pend dedii urial		gave rise to immediate (b)								
a bu		cause (a), stating the DUE TO								
ate shoul le word he Chief ed as a burial,	20	(V)								
the the the used to bi	- I E	YES NO								
EXAMINER: This certificate should be executed certificate, writing the word "pending" in rould be forwarded to the Chief Medical Example: Page 3 should be used as a burial-transit signated allent, prior to burial, cremation, or signated.	CERTIFICATION	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part or								
s ce writi urden pri										
R: This certificate, writing forwarded to 3 should be allent, prior	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) While Not While Not While								
oe for de la	12	Hour a.m. While Not While at work at work								
the certificates the certificates. 4 should be utilities. CTOR: Page designated		21. I certify that I took/charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion								
IEDICAL EXU cute the c age 4 shou r your files DIRECTOR:		death resulted from: Netura causes , Accident , Suicide , Homicide , Undetermined manner								
		ACTUAL CHIEF MEDICAL EXAMINER 22. DATE SIGNED								
Y MEDIG execute Page for your	2	SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER								
ed feal		NAME (Type) Address (Street, city, town, or county)								
D DEPUTY MEDIC please execute director. Page 4 retained for you of Health or its	2	38 BURIAL, CREMATION, 23b. DATE THEREOF 23C, NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or county) (State)								
Eggs Eg		() well 2/18/66 1. Trewer 2000 My 1976								
×	as	ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE FEB 1 6 1966								
VR A15ME 3500 4-64	1	I william there, 111- wing. 11. fd. DATE FED IN 1000								



AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND **DIVISION OF STATISTICAL RESEARCH** CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where decreesed lived. If institution, Residence before edm ssion) a. COUNTY MARYLAND c. LENGTH OF STAY IN 16 OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) APOLIS . IS RESIDENCE NAME OF HOSPITAL OR INSTITUTION LIF not in hospital, give street eddress) ON A FARM? YES NO K NAME OF DECEASED (Type or print) DEATH St hirthday) AGE (In years) IF UNDER T YEAR IF UNDER 24 HRS. 5. SEX Months Hours and WIDOWED V 112. CITIZEN OF WHAT COUNTRY! 13. FATHER'S NAME guip 15. WAS DECEASED EVER IN U.S. ARMED FORCES? I 16. SOCIAL SECURITY NO. (Yes, po_for unkown) | [If yes give wer or dates of service] INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c) ONSET AND DEATH PART I DEATH WAS CAUSED BY: TERIOSCIPROTIC HEART IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geve rise to immediate cause **DUE TO** (a), steting the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of marry in Part 1 or Part 1 of tem 18) 20e, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ITE EITHER, NOTIFY MEDICAL EXAMINER 2De, PLACE OF INJURY (Home, farm, 2Df, City or town) (County) (Stelle) 20c. TIME OF INJURY Month, Day, Year 1 20d. INJURY OCCURRED fectory, street, office bldg., etc.) Whife Not While Hour a.m. et work el work E5. 00 1965 to 2/7, 1960, that (1) (we) last 19.66., and that death occurred at 8 P M, from the causes and on the date stated above 22b. DATE STAFF SIGNED DIRECTOR PHYS. death. Page 4 O FUNERAL 22d. ADDRESS SICIAN'S NAME (Type) director, 1 be filed v 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) FORT LINCOLN CREMATORY 0 REMATION REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7-62

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STA HEALTH DEPT

TO DEPUTY MET. EXAMINE: This certificate should we seemed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 is the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office alongs with form PM3. Page 5 may be retained for your files. TO FUKERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DESCRIPTIONS. 01

1. PLAGE OF BEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)										
Anne Arundel	a. STATE Maryland b. COUNTY Montgomery										
b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)										
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Annapolis c. LENGTH OF STAY IN 1b	15 - 2										
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	4 CTOFFT ADDOFCO										
Anne Arundel General Hospital	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX										
3. NAME OF William First Middle Concessor D	Lest 4. DATE Month Oay Year										
(Type or print) Perry	DOING DEATH February 18 19 66										
5. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO	8 MOATE OF BIRTH 1921 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS										
Plate Wille WIOOWEO OIVORCEO	last birthday) Months Oaya Hours Min.										
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind Of Business OR INQUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?										
Attorney Self-Employed	Washington, D. C. U.S.A.										
13. FATHER'S NAME	14. MOTHER'S MAIOEN NAME										
William Perry Doing	Gladys Emig										
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes pive war or dates of service);	INFORMANT Rt 3, Gaithersburg,										
	Playton E. Doing Maryland										
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]											
PART I. DEATH WAS CAUSED BY: Multiple Traumatic Injuries.											
Conditions, if any, which \											
gave rise to immediate											
cause (a), stating the DUE TO underlying cause last.											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)											
208. EXTERNAL CAUSE WAS 1 20b. DESCRIBE HOW INJURY OCCU	YES NO YES NO										
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL CISEASE CONDITION GIVEN IN PART 1(a) 19 20a. EXTERNAL CAUSE WAS PRIMARY PO OF CONTRIBUTING COURSE OF DEATH. Passenger in auto into fixed object. 20c. TIME OF INJURY Month, Oay, Year Hour a.m., Hour a.m., Hour a.m., A.A. 2718 19 66 At work Not While X breet A.A.											
20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED , 20e. PLA	CE OF INJURY (Home, farm. 20f. (City or town) (County) (State)										
Hour a.m. 2/18 19 66 at work at work at work	ory, street, office bldg., etc.) Street A.A. Md.										
21. I certify that I took charge of the remains described above, he											
death resulted from: Natural causes , Accident X, Suicide , Homicide , Undetermined manner											
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CHIEF MEDICAL EXAMINER										
ACTUAL ASSISTANT MEDICAL EVAMINED IN											
SIGNATURE 700 Fleet SEPUTY MEDICAL EXAMINER 1											
EXAMINER'S Charles S. Petty, M.D. Baltimore, Address (Street, city, town, or county) Md											
23a. BURIAL CREMATION 1 23b. DATE THEREOF 1 23c. NAME OF CEMELERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)										
Burial Geb 21, 1966, Arlington Nat	tional Cemetery Arlington Virginia										
24. FUNERAL DIRECTOR & Fromus 8434 1925 rgia Au	The break of a constant with the constant of t										
Warner E. Pumphrey, Inc. Silver Spring.	Md 252 REC'D BY REGISTRAR 256, REGISTRAR 3 STONATURE										



STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased hyed, If institution, Residence before admission) e. COUNTY **b.** COUNTY by the and 2 MARYLAND b CITY OR TOWN (if outside corporate lim ts, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 6.41 m IS RESIDENCE d. STREET ADDRESS ON A FARMS YES NO Z 3. NAME OF DATE Day Year Midd a DECEASED OF (Type or print) DEATH 19 5. SEX IF UNDER 24 HRS. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED last birthday) Months Hours WIDOWED IV DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY , 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even il retired! ease 13. EATHER'S NAME MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16 SOCIAL SECURITY NO. 1 17 (Yes, no, or unkown) ((If yas give war or datas of service) by the permit. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause Der line for (a), (b), and (c)] ONSET AND DEATH PART I. DEATH WAS CAUSED BY 011/2 IMMEDIATE CAUSE (a) **DUE TO** aftending Conditions, il any, which pave rise lo immadiata cause DUE TO (a), sleting the undarlying has the PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(4), 19. WAS AUTOPSY PERFORMED? NO K CERTIFIC 20a. ACCIDENT WAS UNDERLYING (1 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of Itam 18.) OR CONTRIBUTING [] CAUSE OF DEATH After this (IF EITHER, NOTIFY MEDICAL EXAMINER) detached 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (State) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (County) .ectory, streat, office bldg , atc.) White Not While Hour e.m. 3 should be del at work at work p.m. 1996, that (1) (we) lest 19.356 10.4 21. | certify that (I) (this hospitel) attended the deceased from....... and that deeth occured on the Causes and on the date stated above. saw the deceased alive on 22a SIGNATURE DATE SIGNED ATTENDING death. Pag. 24 PHYS. DIRECTOR PHYS. MD. 22c. PHYSICIAN'S ADDRESS filed v 23a. BURIAL CREMATION. NAME OF CEMETERY OR CREMATORY LOCATION (City, fown or county (State) 0 5 8 REMOVAL (Spacity) Ē 25b. REGISTRAR 5 SIGNATURE VR A15 (4) 15M 7.61

RYLAND STATE DEPARTMENT OF HEALTH



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the Compital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 7 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in all within 72 hours after death.

> VR #15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
OF CERTIFICATE OF DEATH

1.	PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived, 1f Institution: Residence before admission)						
	ANNE ARUNDEL MARYLAND			a. STATE MARYLAND b. COUNTY ANNE ARUNDEL						
)_	b. CITY OR TOW	N (if outside corpora	te limits,			c. CITY OR TOWN (If	outside o	orporate limits, write	RURAL and	give nearest town)
F	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Ft Geo G. Meade 18 hrs			Ft Geo G.	Mead	ie.		· . !		
	d. NAME OF HO	SPITAL OR INSTITUTION	ON (if not	in hospital, give street add	dress)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
K	imbrough	Army Hospi	tal			1606 E. F	ores	t Avenue_		YES NO X
3.	NAME OF DECEASED	F	irst	Middle		Last	4. DAT		_	ay Year
	(Type or print)	arear no	MA	LEN		DUNLAP	DEA		-	
5.	SEX	6. COLOR OR RACE	7. MARI	RIEO NEVER MARRIED		DATE OF BIRTH			UNOER 1 YE	AR IF UNDER 24 HRS.
F	emale	Negro	WIOO	WEO DIVORCEO		22 February	66	yrs.	ontris Day	rs Hours Min.
108	. USUAL OCCUPAT	ION (Give kind of work Ing life, even if retire	done 1	Ob. KING OF BUSINESS OR		11. BIRTHPLACE (Co	ounty & St	ite, or foreign country)	12. CITIZE	EN OF WHAT
GIII	N	V and ma, even it terite	(a)	N/A		Anne Arun	del (County Md	USA	
13.	. FATHER'S NAM	E		N/A		14. MOTHER'S MAID			0.02	
	Norman J	erry Dunlap)			Gloria Vi	rgini	a Louis L	9WS	
15	. WAS DECEASED	EVER IN U.S. ARMED FO	RCES?	16. SOCIAL SECURITY NO.	17.	INFORMANT		Address		
["	N/A	N/A	H MELLINC)	N/A	Mr	s. Gloria D	unlar	(same as	item #	(2)
	18. CAUSE OF	DEATH [Enter only or	e cause	per line for (a), (b), and (c).		,			IN	NTERVAL BETWEEN
	PART I. OI	EATH WAS CAUSED BY		Lune Sum t	いれ	, and apple	رد عر	pusode	0	INSET AND DEATH
	7	_ IMMEDIATE CAUSE		()		- /	- U			h :
	Conditions, If	any, which \		Extreme	ple	noturity				M
	gave rise to	Immediate ((b)		/					
	cause (a), s underlying caus									
S		to Propagation and State	(c) ONS CONT	TRIBUTING TO DEATH BUT NO	TRELA	TED TO THE TERMINAL D	DISEASEC	ONDITION GIVEN IN PA	RT 1(a) 1	19. WAS AUTOPSY
CATI			_						1	PERFORMED? YES NO NO
CERTIFICATION	OR CONTRIBUT	WAS UNDERLYING ING CAUSE OF OF OF OTHER TRANSPORTED THE OFFICE OF THE OFFICE OF THE OTHER TRANSPORTED THE OTHE	TH	b. DESCRIBE HOW INJUR	Y OCCL	RRED, (Enter nature of	f Injury In	Part or Part of	item 18.)	
		INJURY Month, Day,		od. INJURY OCCURRED 20	Lo DIA	CE OF INJURY (Home, fa	em 20f	. (City or town)	(County)	(State)
MEDICAL	Hour a.i			While Not While	facto	ry, street, affice bldg., e		. (515) 01 101119	(000)	(,
Σ	p.		at	work at work						
				tended the deceased fro				to 23 Feb		
		ceased alive on	23	reb 19 00, an	id that	death occurred at 2	: 25 M,	from the causes at	nd on the d	date stated above.
22a. SIGNATURE 22b. OATE SIGNED M.D. PHYS. DIRECTOR PHYS. X 23 Feb 66										
	22c. PHYSICIA NAME (T	ype) FRED M.	NOMU	RA, Captain, MC	3	22d. AOORESS KIMBROUGH	ARMY	HOSP FT G	EO G M	EADE MD
23		MATION, 23b. DATE						LOCATION (City, tow		
23	BURLAL SP	ecify) 25 Fel	0.196	/	1.1	liera L		14' -	1,5	en (1
24	FUNERAL DIR		70170	ADDRESS	/ '		C'D BY RE	GISTRAR 256. REG	ISTRAR'S SI	IGNATURE
(The same of the sa	and the second		and the		1///	7 0		iarles	Judge
	Haroldes	Wade 550	July ch	Bannel Burnel	Mai	AMAD DA CEVE	5 61	1000	- May	August -



24 hours after death. by the funeral we carbon papers. Pages 1 and event, within 72 hours after death and Pages d completely filled in ove carbon papers. I OR ATTENDING PHYSICIAM. The law requires that the death certificate be executed within O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and director, page 3 should be detached for use as the burial-transit permit. Then please can should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in app Page 4 may be retained by the hospital or attending physician. TO HOSPITAL

> VR A15 20M 1 15 (4) 1/65

MEDICAL

23a.

BURIAL, CREMATION, REMOVAL (Specify)

	DIVISION OF STA		ARCH AND RECO	RDS		N STRE	TH ET, BALTIMORE 1,	MARYLAND
	01715	T+ D. W. 1		AT				()1003
1.	PLACE OF DEATH	T-CAN-1 TI	₩ 0.7/* - 6/	£0/	2. USUAL RESIDENC	E (Where d	leceased lived, If Institution:	Residence before admission)
	Anne Arunde	1	MARYLA		a. STATE Man	rylan	d b. COUNTY	V
	b. CITY DR TOWN (If outside write RURAL and give nea		c. LENGTH OF STAY I		c. CITY OR TOWN (If	outside co	orporate limits, write RURA	L and give nearest town)
	Crownsville	· ·	10 Years		Baltimo	BIC		- 1
	d. NAME OF HOSPITAL OR IN		spital, give street add	ress)	d. STREET ADDRESS			B. IS RESIDENCE .
	Crownsville	State Hos	pital		Unknowi	η.		ON A FARM? YES NO 1
3.	NAME OF DECEASED (13 5 7 0 7	First	Middle		Last	4. DATE	E Month	Day Year
	(Type or print) #15183			Еш	ell	DEAT		17 1966
5.	SEX 6. COLOR O	R RACE 7. MARRIED	NEVER MARRIED	_ E	B. DATE OF BIRTH	5	9. AGE (In years IF UNDE last birthday) Months	R 1 YEAR IF UNDER 24 HRS.
FE	emale Negr	CI WIDOWED			87		79 yrs.	Days Hours win.
10a. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR during most of working life, even if retired) 1Db. KIND OF BUSINESS OR INDUSTRY				te, or foreign country) 12.	CITIZEN OF WHAT			
- Call	_ unknown	in redice,			unknown		l Na	OUNTRY?
13.	FATHER'S NAME				14. MOTHER'S MAID	EN NAME		
	ипклошп				unknown			
15. (Ye	. WAS DECEASED EVER IN U.S. A s, no, or unkown) ((If yes give wa	RMED FORCES? 16.	SOCIAL SECURITY NO.	17.	INFORMANT		Address	
,,,	No		knowa	Н	lospital Red	cords		
	18. CAUSE OF DEATH [Ente]				INTERVAL BETWEEN
	PART I. DEATH WAS CA IMMEDIATI	USED BY:	ongestive	Hea	rt Failure			ONSET AND DEATH
	Conditions, If any, which agave rise to immediate) (b) A	rterioscle	rot	ic Heart Di	iseas	е	
	cause (a), stating the	DUE TO	3 0 1					
_	underlying cause last.	(0)			osclerosis			
CERTIFICATION	PART II. OTHER SIGNIFICANT	CONDITIONS CONTRIBU	TING TO DEATH BUT NO	T RELA	TED TO THE TERMINAL D	ISEASE CO	NDITION GIVEN IN PART 1(a	19. WAS AUTOPSY PERFORMED? YES NO
CERTIF	20a, ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							

20a, ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part 1) of Item 18.) 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. While at work Not While at work Crownsville, Maryland p.ffl. 21. I certify that (I) (this hospital) attended the deceased from , that (I) (we) last 66 5M, from the causes and on the date stated above. saw the deceased alive of and that death occurred 22a. SIGNATURE ATTENDING PHYS. MED.
DIRECTOR STAFF PHYS. M.D. PHYSICIAN'S NAME (Type) 22d. ADDRESS 22c.

22/66 Mt Aubu Address REGISTRAR'S SIGNATURE 25a -- REC'D stead DATE

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town or county)

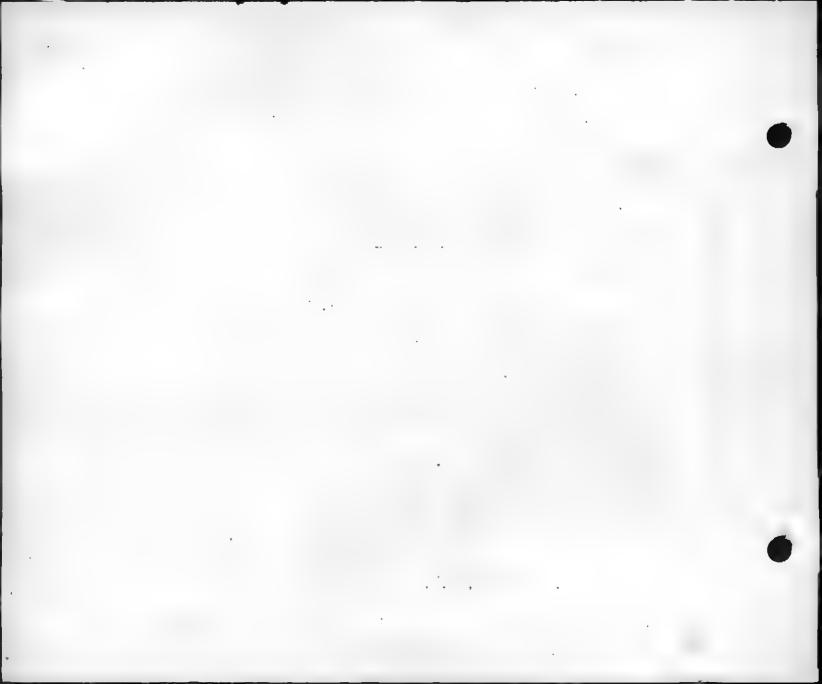
(State)

M.D.

enedict

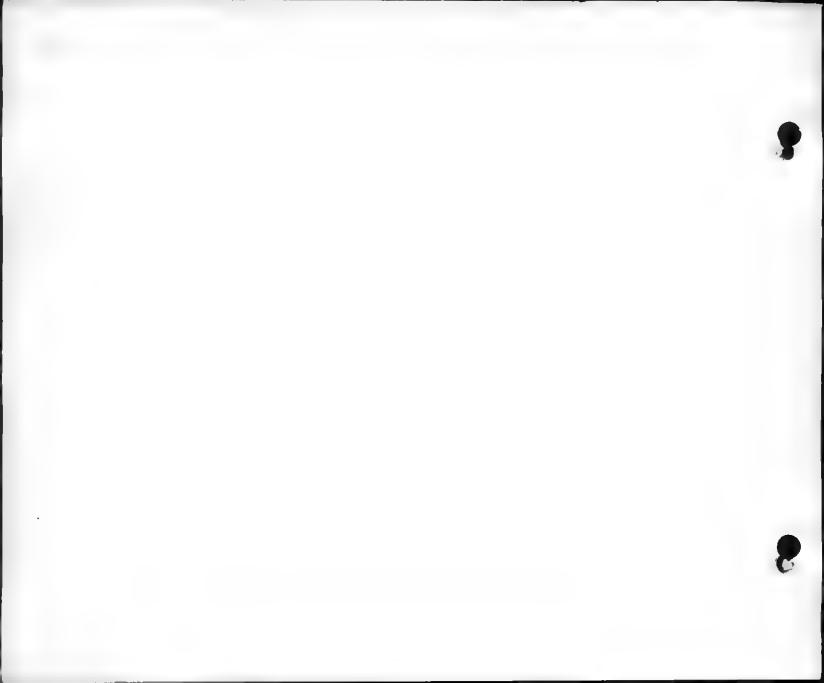
DATE THEREOF

23b.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, it institution. Residence before admission o STATE b. COUNTY o. COUNTY Poge MARYLAND delay deat Department CITY OR TOWN (If outside corporate limits, write RURAL and give profest town) c LENGTH OF STAY IN 1b c CTY OR TOWN (Flautside corporate 1 m ts. write RURAL and a ve nearest town) S RES DENCE ON A FARM? d STREET ADDRESS INSTITUTION (If not in hospital, give street address) haurs with form YES NO X 0.0.1 Give Pages State This certificate should be executed within 24 haurs after death 4 DATE Month NAME OF Year OF DECEASED 66 140 the EVERETT DEATH (Type or print) event within DATE OF BIRTH AGE (In years S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months Days Min DIVORCED WIDOWED in Item. 12 CT ZEN OF WHAT Db KIND OF BUSINESS OR 10a US_AL OCCUPATION (Give kind of work dane during most of warking HNDUSTRY any INTING necessary, please execute the certificate, writing the ward "pending" in pencil in the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's bages 13. FATHER SANAME Elle and INFORMAN (Yes no, or unknown) ((If yes give war ar dates of service ar remayal. ERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). **burial-transit** PART I, DEATH WAS CAUSED BY MMEDIATE CAUSE (a) bur'al, cremation, DUE TO Canditians, if any, which gove rise to immediate cause (a), stating the underlying cause O SID 19. WAS AUTOPSY PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CERTIFICATION h0 þe or its designated agent, priar ta 2Da. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 3 should PRIMARY I ar CONTRIBUTING I REPORTED EXAMINER: CAUSE OF DEATH. MEDICAL 2De. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 2Dd INJURY OCCURRED 2Dc TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Nat While FUNERAL DIRECTOR: Page for your at work 2) I certify that I took charge of the remains described above, held on Autopsy [Inspection and in my opinion Notural causes Accident Undetermined manner Suicide Homicide the funeral director deoth resulted from: be retained CHIEF MEDICAL EXAMINER 22. DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE (TO DEPUTY DEPUTY MEDICAL EXAMINER Health i Ypm NAME (Type) Address (Street, city, town, or county) NAME OF CEMETERY OR CREMATORS 23b (City or Town) (County) BUR AL CREMATION DATE THEREOF 50 25a, REC'D BY REGISTRAR 2Sb VR A15ME (5) 196

6M 1/66



funeral and 2 r dett. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attenuing physician and completely filled in by the director, page 3 should be detached for use as the burial-transit germit. Then please remove carbon papers. Pages I should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the prior to burial, cremation, or removal, and in any event, within 72 hours after the prior to burial.

1.

3.

5.

10a

13.

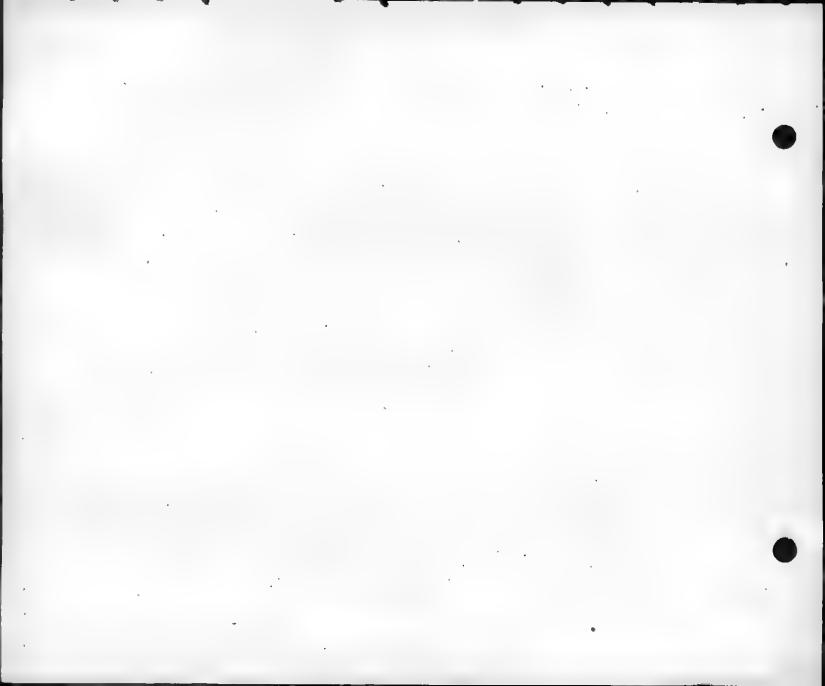
15. (Yes

MEDICAL CERTIFICATION

23a

VR A15 (4) 20M E/65 g)by

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 01666
PLACE OF DEATH a. COUNTY b. COUNTY b. COUNTY b. COUNTY
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM?
NAME OF First Middle Last 4. DATE Month Day Year
DECEASED (Type or print) ETTA Va. Fisher DEATH 28-66 19
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years FUNDER 1 YEAR FUNDER 24 HRS.
USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY INDUSTRY AND A VALUE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
FATHER'S NAME 149 MOTHER'S MAIDEN NAME 149 MOTHER'S MAIDEN NAME 149 MOTHER'S MAIDEN NAME
WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address, no, or unknown) (If yes give war or dates of service)
18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c), 1
PART I. DEATH WAS CAUSED BY: Melocos deal Aschemer ONSET AND DEATH
4-30/ DUE TO Conditions, if any, which) DUE TO Conditions, if any, which)
gave rise to Immediate
underlying cause last. (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)
20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLAGE OF INJURY (Home, farm, factory, street, office bldg., etc.) While at work at work at work 20f. (City or town) (State)
21. I certify that (I) (this hospital) attended the deceased from 1964, 19, to 1966, 19, that (I) (we) last
saw the deceased alive on 2 - 7 6 0 19, and that death occurred at 3 A_M, from the causes and on the date stated above.
Roces A. Are Luy - M.D. ATTENDING MED. STAFF DIRECTOR PHYS.
22c. PHYSICIAN'S NAME (Type) Robert R. HAHN P.O. Box 73 Severna Brilling
BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
FUNERAL DIRECTOR ADDRESS 25a, REC'D BY REGISTRAR'S SIGNATURE
McColly Funeral Home 237 Padapoco ac 1 10 1966 percarles Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01718 the death certificate be executed within 24 haurs after death 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) I PLACE OF DEATH a. COUNTY o. STATE b. COUNTY Anne Arundel Maryland Anne Arundel MARYLAND bán papers. Pages 1 within 72 hours after c EITY OR TOWN (if outside corporate mits, write RURAL and give nearest town) b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Crownsville hrs. Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE d. STREET ADDRESS .⊑ ON A FARM? 96 Waterview Drive Anne Arundel General Hospital NO X 3 NAME OF Middle Lost 4 DATE Year pan First campletely OII DEATH 19 66 DECEASED FORD, Jr. William February John n dry eyent, (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 8 DATE OF BIRTH AGE (In years S. SEX 6 COLOR OR RACE NEVER MARRIED TT 7 MARRIED lost birthdoy) Months Dovs Hours April 18, 1964 Male White WIDOWED DIVORCED puo 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 100 LSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR Ξ, COUNTRY?S. physician c during most of working life, even fretired) INDUSTRY Maryland burial, crematian, ar removal, and never-worked non e 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John W. Ford, Sr Margaret Young IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) same as #2 John W. Ford, Sr. no non e INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) ond (c).)
PART I. DEATH WAS CAUSED BY: signed by the burial-transit p ONSET AND DEATH RESPIRATORY + CARDIAC FAILURE PHYSICIAN: The law requires that IMMEDIATE CAUSE (o) by DUE TO Conditions, if ony, which gove WARYNGEOTRACHEITIS rise to immediate couse (o), DUE TO stoting the underlying couse as the prior to b be retained by the haspital or attending lost. 19 WAS AUTOPST PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) has be detached for use State Dept. of Health NO [TO FUNERAL DIRECTOR: After this certificate 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJRY Month, Doy, Year 20d INJURY OCCURRED foctory, street, office bldg., etc.) Hour o.m. While Not While at work Ec lo 14, 1966, to Feb. 15, 1966, that (1) (yet last 21. I certify that (I) (thiscinstitely attended the deceased fram... saw the deceased alive an Feb. 15 M, fram causes and an the date stated above ____19_**66**, and that death accurred at 22b. DATE SIGNED 22o. SIGNATURE MED. alemaon M.D. DIRECTOR PHYS. directar, page 3 should be filed v elman PHYS **ADDRESS** 72c. PHYSICIAN S O HOSPITAL NAME (Type) Bldg., Severna Park. Hahn Prof. Md . Sherman S. Robinson, MD. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Store) (County) BURIAL, CREMATION REMOVAL (Specify) Glen Haven Cemetery Glen Burnie Buria 25b REGISTRAR'S SIGNATURE 2So REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 whomaphlis funera l



RYLAND STATE DEPARTMENT OF HEALTH

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death. Page 4

rector, file

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VR A15 (4) 15M 9/60

certificate



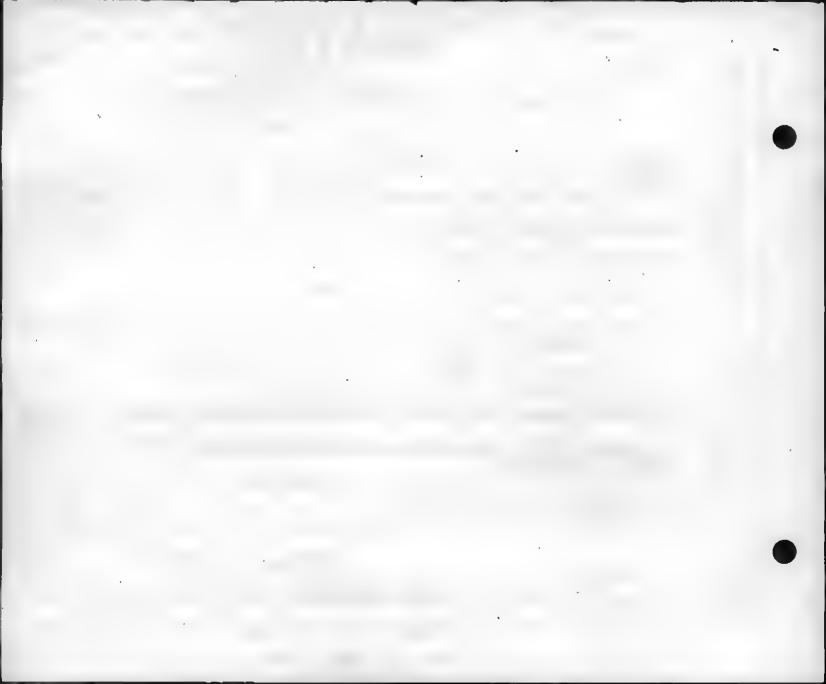
FOR STATE	01720 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	01670
HEALLH VELL	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institutions R	asidenca bafora admission
age siff,	COUNTY ANNE ARUNDEL MARYLAND	Maryland 5. COUNTY Be	ltimore
F. P. File Head	b. CITY OR TOWN ('I outside corporate l'mits.	c. CITY OR TOWN (If outs'da corporata limits, write RURAL and	
of Tage	write RURAL and give negrest Jowe)		_ 4
dire.	Route x648 Maple xRoad. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat addrass)	Linthicum d. STREET ADDRESS	, as Arsinsus
1 2 8 2 M		16 Charles Road	IS RESIDENC ON A FARM
afe ff.	North Arundel General Hospital		YES NO 🔀
any e fu St. dea	3. NAME OF First Middle DECEASED	Last 4. DATE Month OF	Day Year
五十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二		RMAN DEATH 2-8-60	19
事を予言	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED [8	B. DATE OF BIRTH 9. AGE (In years IF UNDER)	
Para de la	male white whowed Divorced	July 21, 1913 52 Yes. Months	Days Hours Min.
a Co. Da	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR		ZEN OF WHAT COUNTR
12 1 2 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2	done during most of working life, even if retired)	Dishward Winsinia II	C
hou	Lithographer Crown, Cork & Seal	Richmond, Virginia U	S.
MA MA			
E E E	Thomas E. Gorman, Sr. 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	Margaret Bahen	
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	[Yas, no, or unkown] (Nyasgivawarordatasofsarvice)		
D E SE	No 215-03-3174 Mrs	s. William Michael - 16 Charles	
The Different Party of the Part	18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]		INTERVAL BETWEEN
exe cil i alon alon ans ans ind	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple traumatic	injuries	
Per le la	8/24 DUE TO		
British S	Conduions, if any, which \ (b)		
2 0 % P	gava risa to immadiata causa		
or or	(a), stating the underlying Course last.		1
Par	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(81 19. WAS AUTOPSY
Partie de la companya	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO COLED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO COLED TO THE SIGNIFICANT CONTRIBUTIONS		YES TE NO
동양감구	206. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED, IE	Entar nature of injury in Part I or Part II of Item 18.)	LES TY NO
######################################	PRIMARY NO OF CONTRIBUTING CAUSE OF DEATH.		
S S S S S S S S S S S S S S S S S S S	Dedesti ian sti		
と できる	Hour XXX While Not While ((Cour town) (Cour town) (Cour town) (Cour town)	
X Mary Land	8:00.m. 2-8 19 66 at work at work &	street Route 648	A.A.
P. P. C. F.	21. I certify that I took charge of the remains described above, he	ald an Autopsy X. Inspection . Inquiry,	and in my opinion
K E B D t	death resulted from: Natural causes , Accident X. Spice	ide , Homicide , Undetermined manner	
S S S S S S S S S S S S S S S S S S S	7/51.5	CHIEF MEDICAL EXAMINER	
E S S P	ACTUAL (()) WW WY	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
AL AL	SIGNATURE	DEPLTY MEDICAL EXAMINER	2-9-66
P S S S S S S S S S S S S S S S S S S S	NAME (Typa) Rudiger Breitenecker, M.D.	Addrass (Streat, c'ty, town, or county)	
S de S	228. BURIAL, CREMATION, 225. DATE THEREOF 226. NAME OF CEMETERY OF	CREMATORY 22d. LOCATION (City, town, or country)	(Stata)
O 0 4 0 9 U 5 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	REMOVAL (Specify)	Dallatana and a	
F The	Burial Feb. 12,1966 Meadowridge	Memorial Pk Baltimore Marylar	NATURE -
VS. A15ME 5M 7/59	George J. Gonce - 4001 Ritchie Hgwy., Be	altimore FER 1 / 1986 (Charl	es Judges
ALL 1/22 11/2		TONIE LO 14 1000	

374 3-1-MARYLAND STATE DEPARTMENT OF HEALTH

Item 18 Film



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral Tours after death. Sales PLACE OF DEATH USUAL RESIDENCE (Where deceased fired, If institution: Residence before admission) a. COUNTY a. STATE. b. COUNTY by the financial Pages 1 urs after MARYLAND CITY Of TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) completely filted in by the carbon papers. Page event, within 72 hours a d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? 24 NO. ithin. NAME OF 3. Middle DATE Day Year Last 4. Mon th DECEASED OF (Type or print) 19 DEATH executad en and con SEX 6. COLOR DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED last birthday) Months I Days Hours WIDOWED DIVORCED YTS. 10a, USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OF 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT Sicient lease and in þ during most of working life, even if retired) INDUSTRY **COUNTRY?** 13 certIIcate been signed by the attending physithe burial-transit permit. Then ple on to burial, cremation, or removal, a 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN Address dentil (Yes, no, or unkown) [(If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN requirem that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) rise to immediate as the t **DUE TO** cause (a), stating the underlying cause last. (c) has CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY detached for use te Dept. of Health for use Health PERFORMED? PHYSICIAN: The the hospital or YES NO F 20a. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) be detacher State Dept. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) DIRECTOR: After age 3 should be do Hour a.m. While Not While at work ATTENDING at work retained 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on and that death occurred at M. from the causes and on the date stated above. DATE SIGNED 22a. SIGNATURE 22b. page ATTENDING PHYS. STAFF DIRECTOR M.D. may O HOSPITAL FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS. director, p NAME (Type) Page LOCATION (City, town to county) NAME OF CEMETERY OR CREMATORY (State) BURIAL, CREMATION, 23b DATE THEREOF BEMOVAL (Specify) 2 -eb. 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR REC'D BY REGISTRAR Home VR AI5 (4) 100 20M 1/65

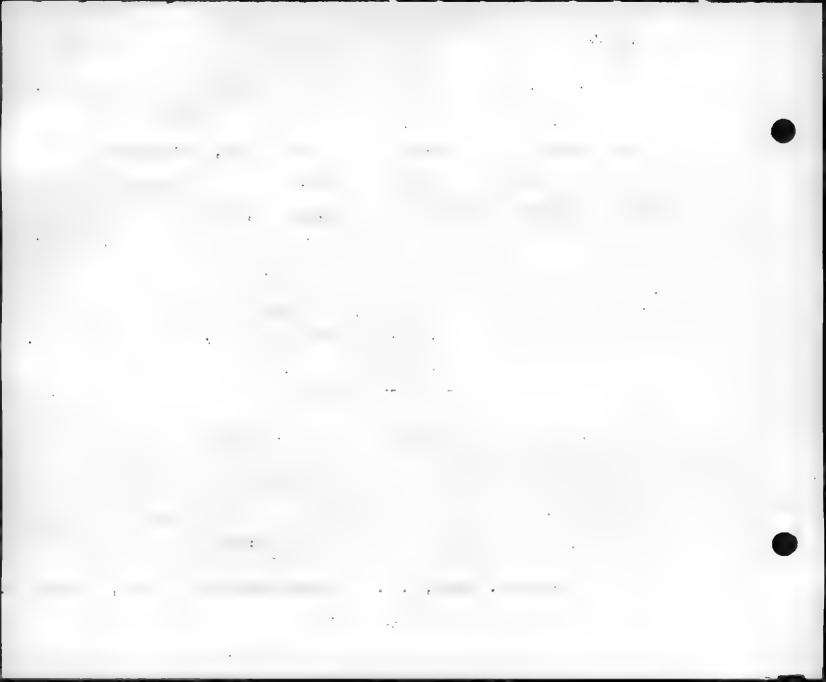


DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY aiter the f b. CITY OR TOWN (if outside corporate limits, MARYLAND Q Pages C. LENGTH OF STAY IN 1b TOWN (If outside corporate limits, write RURAL and give nearest town) papers. 72 hours ۵ write RURAL and give nearest town) hours BPT Journ 19 .= filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE within 72 ON A FARM? No 🔀 executed within and completely remove carbon NAME OF First Middle DATE Month Year DECEASED 0F event, JON N (Type or print) DEATH 1966 6 5. SEX 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR IIF UNDER 24 HRS. fast birthday) Months | Days | Hours | Min. DATE OF BIRTH 9. 7. MARRIED NEVER MARRIED any ma WIDOWED DIVORCED Yrs. Œ 10a. USUAL OCCUPATION (Give kind of work done ! Sician 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT þe during most of working life, even if retired) and INDUSTRY COUNTRY? Jausew or death certificate attending physical 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. INFORMANT 17. Address 5 (Yes, no, or unkown) (If yes pive war or dates of service) transit perm cremation, the been signed by the the burial-fransit or to burial, cremati 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which (b) gave rise to Immediate DUE TO cause (a), stating the 6 underlying cause last. CERTIFICATION r this certificate hadetached for use a te Dept. of Health p PART II. OTHER SIGNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUT NOT 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 12De. PLACE OF INJURY (Home, farm, (State) 2Df. (City or town) (County) factory, street, office bldg., etc.) After Id be d Heur a.m. While Not While ATTENDING p.m. at work at work retained 2-16 21. I certify that (I) (this hospital) attended the deceased from 1966 DIRECTOR: 3 sho saw the deceased alive on and that death occurred at AM, from the causes and on the date stated above. 22a. SIGNATUSE DATE SIGNED page ATTENDING PHYS. DIRECTOR PHYS. Page 4 may O HOSPITAL O FUNERAL 22c. PHYSICIAN'S 22d. ADD director, p NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, (State) BEMOVAL, (Specify) **FUNERAL DIRECTO** REC'D BY REGISTRAR VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH



1		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	NEW	O1723 CERTIFICATE OF DEATH
death.	le sa	1. PLACE OF DEATH a. COUNTY Death Death County Death D
5 40		a. STATE b. COUNTY Anne Arundel Maryland Meryland Anne Arundel
s aff by tf	s. Pages hours aff	b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
hours d in by	2. P	Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
24 ht	bon papers.	UN A FARM!
hin ely t	di i	Anne Arundel General Depital Knoxville Road, Woodland Beach YES ND 3. NAME DF First Middle Last 4. DATE Month Day Year
executed within	arbc nt, w	3. NAME OF First Middle Last 4. DATE Month Day Year OF OF DECEASED (Type or print) Edwin Allen HARVEY DEATH February 3 1966
uted	move carl	5. SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS. last birthday) Months Days Hours Min.
execu	any any	Male White WIDOWED x DIVORCED
1 16	and in	10a. USUAL DECUPATION (Give kind of work done during most of yorking life, eyen if retired) INDUSTRY 11. BIRT HPYACE (County & State, or foreign country) 12. CITIZEN DF WHAT COUNTRY?
The same of the sa		13. FATHER'S NAME
tific ng p	removal,	ALEDEN TROVEN GOPHIA?
ath certifi attending		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service)
	w 0	NO HOSPITAL RECORDS
he d	burial-transit p burial, cremati	18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c). I
at t	tran	PART I. DEATH WAS CAUSED BY. 1. Cerebral hemorrhage, three days Three days
ss th hysic	ırial. ırial,	Conditions, If any, which \ Arteriosclerosis, generalized Years
require ding p	to by	gave rise to immediate (
law re ttendii has be	as the prior to	underlying cause last. (c)
e atte	thed for use apt. of Health p	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) A cute bronchitis, Pulmopary emphysema, Congestive heart failure, Right Inguinal hernia, Prostatic hypertrophy, Hemorrholds 19. WAS AUTOPSY PERFORMED? YES NO NO
t Th	for use Health	Acute bronchitis, Pulmopary emphysema, Congestive heart failure, Right inguinal hernia, Prostatic hypertrophy, Hemorrhoids Zoa. ACCIDENT WAS UNDERLYING 2006. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part II of Item 18.)
CIA) Spit	t. of	
PHYSICIAN: the hospital this certifi	Del	20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
in Post the fert	d be de	20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 10 factory, street, officebldg., etc.) Hour a.m. While Not While at work at work 19 At work
OR ATTENDING PHYSICIAN: The law requires that the retained by the hospital or attending physician. DIRECTOR: After this certificate has been signed by	ould I	21. I certify that (I) (this hospital) attended the deceased from February 1, 19.66, to February 3, 19.66, that (I) (we) last
ATTE etail	age 3 should lled with the	saw the deceased alive on Feb 3, 1966, and that death occurred at 9 P M, from the causes and on the date stated above.
OR / be /	e d 3	ATTENDING MED. STAFF 3 Feb 1966
. > -	be filed	22c. PHYSICIAN'S 22d. ADDRESS
) HOSPITAL (Page 4 may	director, should be	NAME (Type) Charles W. Kinzer, M. D. South River Medical Center, Edgewater, Md
TO HOSPITAL Page 4 may To Funeral	directo should	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
		BURIAL STIFES ITULIVET
VR ALS	(4)	24. DUDERAL DIRECTOR B. Amelon - WASIM D.C. 25a, REGISTRAR'S SIGNATURE FEB 9 1966 Guarles Judge
20M 1	/65	1 0012



VR ALS 1/65

MARYLAND STATE DEPARTMENT OF HEALTH								
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAND							
01724 CERTIFICATE OF DEATH	12010							
1. PLACE OF DEATH a. CDUNTY a. STATE b. COUNTY	lon: Residence before admission)							
Anne Arundel Maryland Maryland	_							
b. CITY OR TOWN (If outside corporate limits, write R write RURAL and give nearest town)	(URAL and give nearest town)							
Crownsville 23yrs,10mos. Baltimore								
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?							
Crownsville State Mospital 1406 McCulloh Street	YES ND X							
3. NAME OF First Middle Last 4. DATE Month DECEASED	Day Year							
(Type or print) 07752 Elizabeth Hatchett DEATH 2	9 1966							
last birthday) Mon	INDER 1 YEAR IF UNDER 24 HRS.							
remaie Negro widowed Divorced 1918 48 yrs.	12. CITIZEN OF WHAT							
during most of working life, even if retired) INDUSTRY	CDUNTRY?							
Unknown Unknown Maryland 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	USA							
John Hatchett Anna Heard 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16, SOCIAL SECURITY NO. 17, INFORMANT Address								
(Yes, no, or unkown) (If yes give war or dates of service)								
No None Hospital Records Hospital Records	INTERVAL DETWEEN							
18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: The pit in Debut Pation	ONSET AND DEATH							
PART I. DEATH WAS CAUSED BY: Inanition Dehydration								
Condition of any which I								
gave rise to immediate (
cause (a), stating the DUE TO Esophagus								
	T 1(a) 19. WAS AUTOPSY							
Feeble-Mindedness, Severe	PERFORMED?							
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Ite								
Feeble-Mindedness, Severe 20a. Accident May Underlying To Death But Not Related to the terminal disease condition given in Part I of Part II of Not Contributing Todause of Death (If either, Notify Medical examiner) 20b. Describe How Injury Occurred. (Enter nature of injury in Part I or Part II of Notify Medical examiner)								
	(County) (State)							
20c. IME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While Not While at work at work at work								
	1966_, that (I) (we) last							
21. I certify that (I) (this pospital) attended the deceased from 4/28/, 1942, to 2/9/, saw the deceased alive on 2/9/, and that death occurred at 2.4, from the causes and								
22a. SIGNATURE 22a	2b. DATE SIGNED							
M.D. ATTENDING MED. STAFF DIRECTOR X STAFF PHYS. 2	2/10/66							
22c. PHYSICIAN'S 22d. ADDRESS	enital							
238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town REMOVAL (Specify)	or county) (State)							
Burial 2/14/66 Mt. Auburn Cemetry Baltimore Maddress Address Rec'd by Registration 250. Rec'd								

Burial FUNERAL DIRECTOR Mt. Anburn 24. Adolphus Halstead 1206 W North Ave

REGISTRAR'S SIGNATURE Charles Judge. 5 1966



Page 4 may be retained by the hospital or attending physician.

THE TOBLE A may be retained by the hospital or attending by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Deut. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate bo-evacuted within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MEDICAL CERTIFICATION

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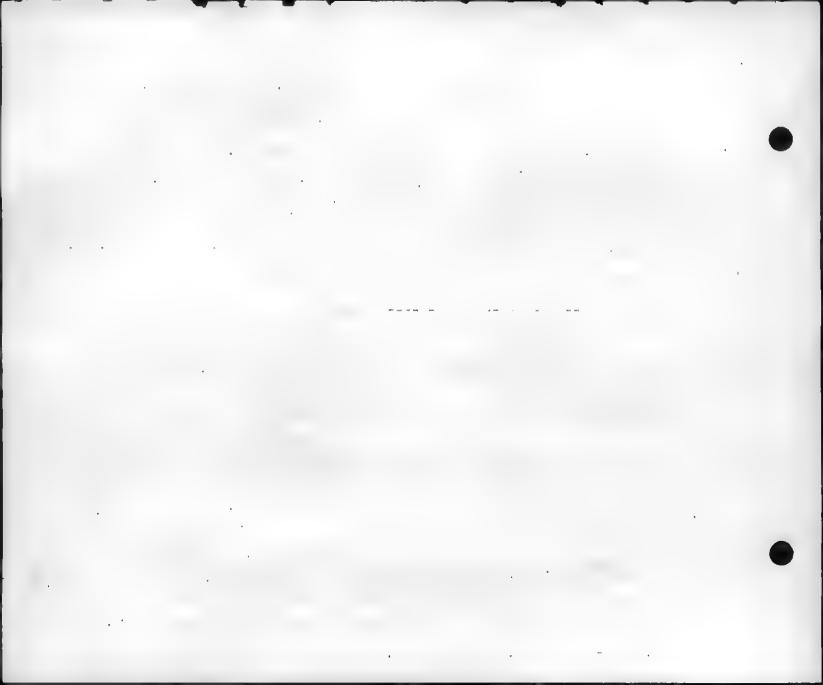
MARYLAND STATE DEPARTMENT OF HEALTH

O 1 DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

OEM III ION I	U DEATH
PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
AA MARYLAND	a. STATE b. COUNTY Pa. Somerset
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Ferndale	Confluence
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS 8. IS RESIDENCE ON A FARM?
North Arundle Hosp	521 Dean St. YES NO
NAME DF DECEASED (Type or print) (TAHIE Middle	Holiday Death 2 Day Year Death 2 DC 1966
6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
WIDOWED DIVORCED	12 28-17 A 5-) yrs
Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewife Own Home	Somerfield, Pa. U.S.A.
No Record 5. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Rosa Pletcher INFORMANT Address
(16, no, or unkown) (1f yes give war or dates of service)	tient
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY.	Ed CHA O + Changary ONSET AND DEATH
IMMEDIATE CAUSE (a)	700000000000000000000000000000000000000
1/6 X DUE TO OO	Mond A Dica
Cenditions, if any, which	5 Heart Branch
gave rise to immediate (cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	YES NO T
20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part i or Part it of Item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
factor	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bldg., etc.)
p.m. 19 While at work at work	
21. 1 certify that (I) (this hospital) attended the demonstrated from	2-17, 1966, to 2-3c, 1966; that (1) (we) last
saw the deceased alive on 11. 19. 41, and that	death occurred at 1.34 M, from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING - MED STAFF - 22b. DATE SIGNED
M.D	PHYS. PHYS. PHYS. PHYS.
22c. Mysician's Fellus GA UNGLAS	22d. ADDRESS COCCUTON Hel Ollely
Ba. BURIAL, CREMATION, 23b. DATE THEREOF / 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Removal 2/21/66 Confluence	Cemetery Confluence, Pa.
4. FUNERAL DIRECTOR 1217 St. Paul St. ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Wm. Cook-Brooks Inc. Baltimore, Md. 2120	2 OFFEB 23 1988

VR A15 (4) 20M 1/65



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	I, MARILLAND
CEDTIFICATE OF DEATH	01677
PLACE OF DEATH A. STATE D. COUNTY MARYLAND D. CITY OR TOWN (if outside corporate limits, write RU C. CITY OR TOWN (if outside corporate limits, write RU C. CITY OR TOWN (if outside corporate limits, write RU D. CITY OR TOWN (if outside corporate limits, write RU C. CITY OR TOWN (if outside cor	on: Residence before admission
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	URAL and give nearest town
TO THE CROWNSVILLE STATE HOSPITAL 1125 WERR CT	6. IS RESIDENCE ON A FARM? YES NO
3. NAME DF DECEASED (Type or print) ROSE MARY HOOD DEATH FEB	19 Day Year 1966
6 - 0	DER 1 VEAD HELINDER 24 HD
	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	F)
# #E (Yes, no, or unkown) (If yes give war or dates of service) Un Known. Hilda Greens Combanha	Incl.
PART I. DEATH WAS CAUSED BY: HEART TAILINE	INTERVAL BETWEEN ONSET AND DEATH
Conditions, If any, which	
cause (a), stating the DUE TO underlying cause last.	100 1000 0100000
	S/S YES NO
DA BB TO P.M. 19 at work and work and work at	(County) (State)
21. I certify that (I) (this hospital) attended the deceased from 1 - 14 , 19 66, to 2 - 19 , 1 saw the deceased alive pp 1 - 19 66, and that death occurred at 8 A M, from the causes and I	
22a. SIGNATURE 1 22a. SIGNATURE M.D. ATTENDING MED. DIRECTOR PHYS. X	2/19/6 G
NAME (Type) Alun Thomas Bon Conservell Shate	Hospital
Burial a solution of the second	ncli
VR A15 (4) 25a. REC'D BY REGISTRAR 25b. REGIST DAFE 3 23 1560 F	RAR'S SIGNATURE



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where dacassed lived, If institution: Residence before edmission) a. COUNTY **b.** COUNTY by the and 2 death. Maryland Appe Arundel Anne Arundel ASSESSMENT OF THE OWNER, THE OWNE by the b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest lown) write RURAL and give nearest town) Benke Rt. 2, Chalk Pt., d NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give streat address) 2. Chalk Pt. d STREET ADDRESS IS RESIDENCE ON A FARM? YES NO paper 3. NAME OF Middle 4. DATE Day DECEASED 66 DEATH 19 AGE (In years | IF JNDER 1 YEAR 7. MARRIED NEVER MARRIED last birthday) Months Aug. 16,1962 WIDOWED [DIVORCED physician геттоуе 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) attending phy USA Mass. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mona Elizabeth Stringer John Edgar Hoover, Tren removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. | 17. INFORMANT Chalk Point, (Yas, no, or unkown) (Ifyasgivawarordatasofsarvice) John E. Hoover, Sr. West River. permit. signed by 18. CRUSE OF DEATH [Enter only one cause per That for (a), (b), and (c).] INTERVAL BETWEEN ò ONSET AND DEATH PART I. DEATH WAS CAUSED BY. cremation, IMMEDIATE CAUSE (a) the burial-transit burial, cremation, affending DUE TO has been Conditions, if any, which gave rise to immediate cause DUE TO (e), stating the underlying cause lest. (c) certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY SE PERFORMED? use prior NO D is of 20a ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURRED. Enter pature of Injury in Part I or Part II of Itam 18.) Health OR CONTRIBUTING [CAUSE OF DEATH R: After thi (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL ATTENDIN 20c. TIME OF INJURY 20d. INJURY OCCURRED J. 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) Month, Day, Year ŏ factory, streat, office bldg., etc.) While Not While Hour a.m. at work at work DIRECTOR 21. I certify that (i) (this hospital) attended the deceased from 19. should State D trom the causes and on the date stated above. DATE 22a. SIGNATUR **ATTENDING** S/GNED HOSPITAL with th FUNERAL DIRECTOR PHYS. PHYS. M.D. Page 22d. ADDRESS 22c. PHYSICIAN'S ector, I NAME (Typa) 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (State) 23a, BURIAL, CREMATION, 23b. DATE THEREOF 0.58 REMOVAL (Spacify) Mt. Harmony Chr. Cemetery Owings, Maryland Feb. 27 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) VameDwings, Maryland 20M S-63

MARYLAND STATE DEPARTMENT OF HEALTH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please refigive carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deadly.

VR AI5 (4) C 20M 1/65

		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND								
П	-1	01728	•	0167	9					
	1.	PLACE OF DEATH a. COUNTY HWWO ARUNDES	Co. MARYLAND	2. USUAL RESIDENCE a. STATE	CE (Where deceased lived b	, if Institution: Res		dmission)		
		b. CITY OR TOWN (if outside corporate limits write RURAL and give nearest town)	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporate ilm	its, write RURAL a		st town)		
4		d. NAME OF HOSPITAL DR INSTITUTION (If not in	hospital, give street address)	d. STREET ADDRESS	Ban 1 02.	el.	D. IS RES	FARM?		
	3.	NAME OF First DECEASED (Type or print)	Middle	Hurd	4. DATE OF DEATH	Month Fach	Day Ye			
	5.	TANK TO THE PARTY	MEASE WALKED	B. DATE OF BIRTH Gen. 124, 18	9. AGE (in last birt	years IF UNDER 1 Months D		R 24 HRS.		
	10a dur	USUAL OCCUPATION (Give kind of work done 10b.)	KIND DE BUSINESS DR INDUSTRY		ounty & State, or foreign	CON	IZEN ÖF WHAT	ſ		
	13.	FATHER'S NAME Sohn I had	Larca	14. MOTHER'S MAIL	EN NAME					
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16, no, or unknown) (If yes give war or dates of service)		INFORMANT FAMILY	5/2	Address				
		18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	line for (a), (b), and (c).]	F Myse	sedium		INTERVAL BE			
		Conditions, if any, which gave rise to immediate (b)	eterio seferes	hi here	disense					
	N	cause (a), stating the DUE TO underlying cause last. (c)	WINDOWS AFAIT DAY OF AFAIT		Naga a sa		Ing. INGC 41	ITOPOV		
	CERTIFICATION	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIB					19. WAS AL PERFOR	MED?		
	1	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU							
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. Hour a.m. While p.m. 19 at wor	Not While - factor	CE DF INJURY (Home, fa ry, street, office bldg., e				State)		
		21. I certify that (this hospital) attends saw the deceased alive on File La	ded the deceased from	felo 18 , 19 death occurred at	3 3 M, from the ca	auses and on the	_, that (I) (vec date stated	ve) last labove.		
,		22a. SIGNATURE	9 M.D	. PHYS.	MED. STAFF	22b. DAT	E SIGNED			
		NAME (Type Toseph A. Me	end to mi	22d. ADDRESS Seven		md =	1146.			
	23a	BEMOVAL (Specify) 3-32-66	236. NAME OF CEMETERY	ge Com	ElKust	city, town or coun		tate)		
	24.	Mc Cully fuses there &	DDRESS Patopsele	DATE B	23 1965	st. REGISTRAR'S	Judg2			

1 1 1 19 19

MARYLAND STATE DEPARTMENT OF HEALTH <u>Divisi</u>on of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STA MEDICAL EXAMINER'S CERTIFICATE OF DEATH DERT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, (f Institution: Residence before admission) a. COUNTY b. COUNTY Maroffand Arkndel Anne Anne Arundel MARYLAND the funeral Department after death. b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town)
Glen Burnie c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Linthicum DDA d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 5 S State Hospital North Arundel 510 Madinglev Road No D 2, and 3. NAME OF First Middle Last 4. DATE Month Year DECEASED BERNARD STANLEY HY ATT SR DEATH (Type or print) February 28 19 66 2 with 5. SEX 6. COLOR OR RACE AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. DATE OF BIRTH 9. 7. MARRIED NEVER MARRIED last birthday) in Item 18. Give Pages Office along with tem Months Days Hours Male White Aug. 59 WIDOWED DIVDRCED 1906 and a 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) | NDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Food Markets Ellicott City. Md Autcher U.S.A any pages in any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME EXAMINER: This certificate should be executed within 24 hou the certificate, writing the word "pending" in pencil in Item should be forwarded to the Chief Medical Examiner's Office files. (unknown) Hyatt (unknown File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unknown) | (If yes give war or dates of service) permit. I removal, 212-01-4526 Bernard S. Hvatt Same (son) 25 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] ORSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (8) **DUE TO** Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the 60 used as a to burial, underlying cause last. (C) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATION NO PO YES DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 3 should tagent, price CAL (State) 120e, PLACE DF INJURY (Home, farm, 20f. (City or town) (County) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Rour e.m. MEDI Not While While CTOR: Page designated at work at work 19 21. | certify that | topk charge of the remains described above, held an Autopsy Inspection -Inquiry and In my opinion please execute the cerdirector. Page 4 should retained for your files. death resulted from Natural causes Homicide Undetermined manner Accident execute the r. Page 4 s CHIEF MEDICAL EXAMINER 13 ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATUR C DEPUTY MEDICAL EXAMINER Health G. Linhardt Annapolis, Md. Address
The nate thereof | 23c. Name of Cemetery or Crematory NAME (Type) Elmer Address (Street, city, town, or county) 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION. 23b. REMOVAL (Specify) 0 6 4410 REGISTRAR'S SIGNATURE REC'D BY REGISTRAR | 25b. FUNERAL DIRECTOR VR ALSME (5



DIVISION OF STATISTICAL RESEARCH AND RECOR CERTIFIC funeral PLACE OF DEATH e. COUNTY Anne Arundel 24 hours by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1 write RURAL and give nearest lown) filled in Pages 1 Glen Burnie d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) Box 242-Seventh St. Route 2. completely NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED death certificate be and White WIDOWED TO DIVORCED [Female 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDU done during most of working fife, even if ratired) Own Home Housewife 13. FATHER'S NAME affending George W. Piper Pd Pd 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO | 17 Yes, no, or unkown) | (If yes give we ror dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). been signed by PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which geva rise to immediate cause **DUE TO** (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CERTIFICATION 200 ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCU 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Dey, Yeer 20e. While Not While Hour e.m. at work et work p.m 19 attended the deceased fro 21. I certify that (I) (this hospital) saw the deceased alive on 228 SIGNATURE death. Page 4 director, page de filed with the 22c. PHYSICIAN'S 236. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETE REMOVAL (Specify) Feb.12,1966 Davis Femo

James F. Scarpelli, Cumberland, Md.

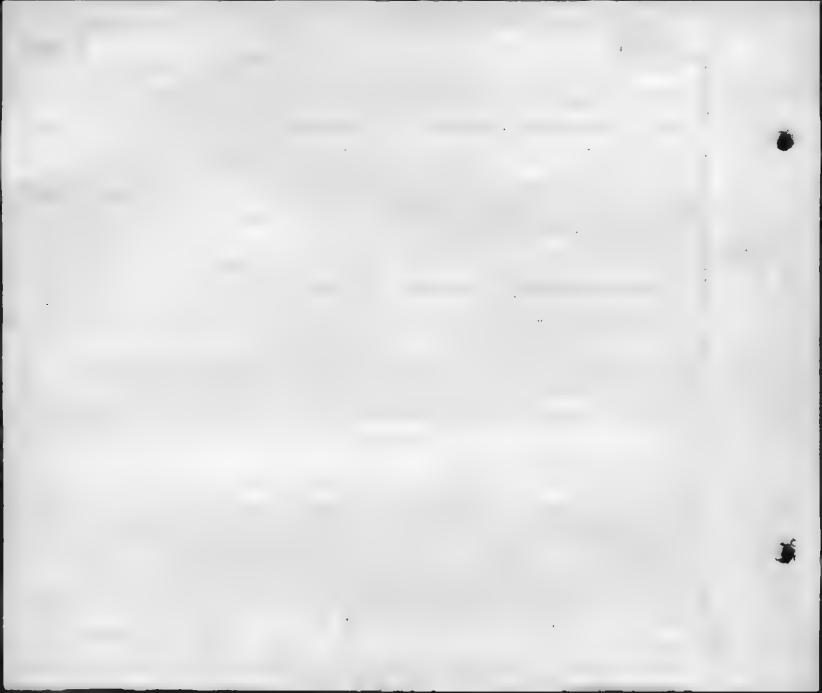
DS, 301 W. PRESTON STREET, BALTIMORE 1, MARY	YLAND
ATE OF DEATH	01681
2. USUAL RESIDENCE (Where deceased lived, if institution Postdeno	
Mary Land Ar	
c CITY OR TOWN (If outside corporete limits, write RURAL end give n	eerest town)
Glen Burnie	,
d STREET ADDRESS	a. IS RESIDENCE
Rt. 2. Box 242-Seventh St.	YES NO IX
Last 4. DATE Month Dey	Yeer
4 MAF DEATH 2 8	10/66
8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR)	IF UNDER 24 HRS.
last birthday) Months: Days	Hours Min.
Aug. 4, 1894 71 yrs.	
	WHAT COUNTRY?
Harpers Ferry, W. Va. USA	
14. MOTHER'S MAIDEN NAME	1 2
Charlotte Mansfiel	T.G.
. INFORMANT Address	_
Mrs. Charles Mc Culley, Glen Burn:	ie,Md.
	RVAL SETWEEN
111tus-	SET AND DEATH
/// (a)-	I frais
ve Cardie Vascular Distass	DIEGIAL
VE Caryic Vasi wide Cistasy	CA COLOR
NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 15	PERFORMED?
Y	ES NO
RED. (Enter neture of injury in Pert I or Pert II of Item 18)	
PLACE OF INJURY (Home, ferm, † 20f. (City or town) (County)	(State)
ectory, street, office bidg., etc.)	,
1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
n	na((I) (we) last
at death occurred at 72.8M, from the causes and on the date	slated above.
ASTEMBLIC NED STAFF	22b. DATE SIGNED
M.D. PHYS. DIRECTOR PHYS.	2-8-66
22d ADDRESS	Arl
204 Crain Huy, The Burnie	74.
LY OR C MATORY 123d, LOCATION (City, town or county)	(Slete)
riæl Park Cumberland, Md.	
1250 BEC'D BY REGISTRAR 256 REGISTRAR'S SIGNAT	1196

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 15M 7-62

Burial

24 FUNERAL DIRECTOR'S SIGNATURE



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please semove carbon papers. Pages. I and should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 10 ■05FITAL OB ATTENDED HYSELAN: The lam requires that the Beats certificate se emented within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
01731
CERTIFICATE OF DEATH

1	-	U1731 1tom	GERITIE	ĄΗ	E UF DEATE	n			- 13	0];	911_
١		PLACE OF DEATH a. COUNTY			2. USUAL RESIDENC	CE (Where decea	sed lived, If Instit	tution: Re	sidence	before a	idmission)
1		Änne Arundel	MADVIA	B1D	a. STATE		b. COUNT	Y			1
1		b. CITY OR TOWN (If outside corporate limits.	MARYLA c. LENGTH DF STAY		Marylan	outside corpo	rate limits, write	a RURAL a	and giv	e neare	st town)
١		write RURAL and give nearest town)	14 yrs.		Baltim				30		,
1		d. NAME OF HOSPITAL OR INSTITUTION (If not in hi		ress)	d. STREET ADDRESS	010		-	~ -	ISRE	SIDENCE
١		Crownsville State Hospi			2101 Cold	Camina	land			ON A	FARM?
		· · · · · · · · · · · · · · · · · · ·			<u> </u>		land		1 -	ES	NO 🔼
ı	٥,	NAME OF DECEASED #13585 First Sarah	Middle	J	ohnson	4. DATE OF DEATH	Month		Day		ar
ı	5.	(Type or print)					2		19	19	
٧	J.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH	9. 1	ACE (In years IF mast birthday)	Conths I	Davs	Hours	
À		emale Negro WIDOWED	DIVORCED [0-22-1875	192	Oyrs.				1
	duri	USUAL OCCUPATION (Give kind of work done) 1Db. King most of working life, even if retired)	IND OF BUSINESS OR STORES		11. BIRTHPLACE (C	ounty & State, or	r foreign country)	12. CIT	MTRY	F WHA	T
ı		unknown unkn			Marylan	d		U	SA		
I	13.	FATHER'S NAME			14. MOTHER'S MAID	DEN NAME					
١		Unknown			Unk	nown					
1	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16.	SOCIAL SECURITY NO.	17.	INFORMANT		Address				
1	A	i, no, or unkown) (If yes give war or dates of service)	knowe		Hospita	1 Recor	rde				
1		18. CAUSE OF DEATH [Enter only one cause per li	known	ł	HOSPIGO	T 1/2 POT		1	INTE	EVAL BI	ETWEEN
1		PART I. DEATH WAS CAUSED BY:			rotic Hear	+ Dico-			DNSI	ET AND	DEATH
ı		IMMEDIATE CAUSE (a)	AL PELTOS	Lite	innerg mean	r Diges	126		y E	ars	
ı		Conditions, if any, which \	Generalize	d A	rterioscle	rosis			VE	ars	
ı		gave rise to immediate			.1 001100000	20020			7 -	100 10 101	
ı		cause (a), stating the DUE TD									
		underlying cause last. (c)	TIME TO DEATH OUT NO	r n FL A	TER TRIVETERMINAL P	MECASCOONDE	TiON O WENT IN O	ADT 1/o	119.	WAE A	UTDPSY
	Ĕ	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NO	KELA	TED TO THE TERMINALL	/ISEASE CUNUI	I TON GIVEN IN PA	(KIT(A)	19.	PERFOR	RMED?
I	SE.								YES	3 📗	NO XX
ı	CERTIFICATION	200. ACCIDENT WAS UNDERLYING 200. TO DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY	occu	RRED, (Enter nature of	f injury in Part	I or Part II of i	item 18.)			
ı											
ı	2	Have a m		factor	CE OF INJURY (Home, fary, street, office bldg., e	rm, 20f. (C	ity or town)	(Cour	ity)	((State)
i	MEDICAL	Hour a.m. While at work	Not While								
ı		21. I certify that (i) (this hospital) attended	ed the deceased from	71	8/21/	9 52, to 4	2/19/	, 19 ⁶⁶	. th	at (I) (we) last
ı		saw the deceased alive on 2/45	19 66 and	that	death occurred at	: 20 _{M. from}	the causes ar	nd on th	e date	state	d above.
1		228 SIGNATURE				•		22b. DA			
ı		a wood of search to	Lim	M.D	ATTENDING X	MED. DIRECTOR	STAFF PHYS.	3/	14/6	6	
1	Į.	22c. PHYSIC AN'S			22d. ADDRESS			* 4. 7	I M.		
		22c. PHYSICIAN'S NAME (type) Hildegard H. Re	eissmann.M.	D.	Crownsvi	Tie at:	ate Hosp	orta.	9 1015	aryı	and
	23a.	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEM		OR CREMATORY	23d. LOC/	ATION (City, tow	n or cour	nty)	(S	tate)
		REMOVAL (Specify) Removal 3/4/66	Universit	V C	of Maryland	134	LTIMU	RE	7:1	7-6	-
		FUNERAL DIRECTOR	ADDRESS		25a. REC	C'D BY REGIST	RAR 25b. REG	ISTRAR'S	SICNA	ATURE	
	ý	UM Melset 186 W. 1	11 / ~	2	St med MAR	1 0 196	is vila	me and an	Ô.	1.0	,
	1-		V			4 4 10	M 1. /b	- 1 Little	_ Veld	Charles Harris	

VR A15 (45)

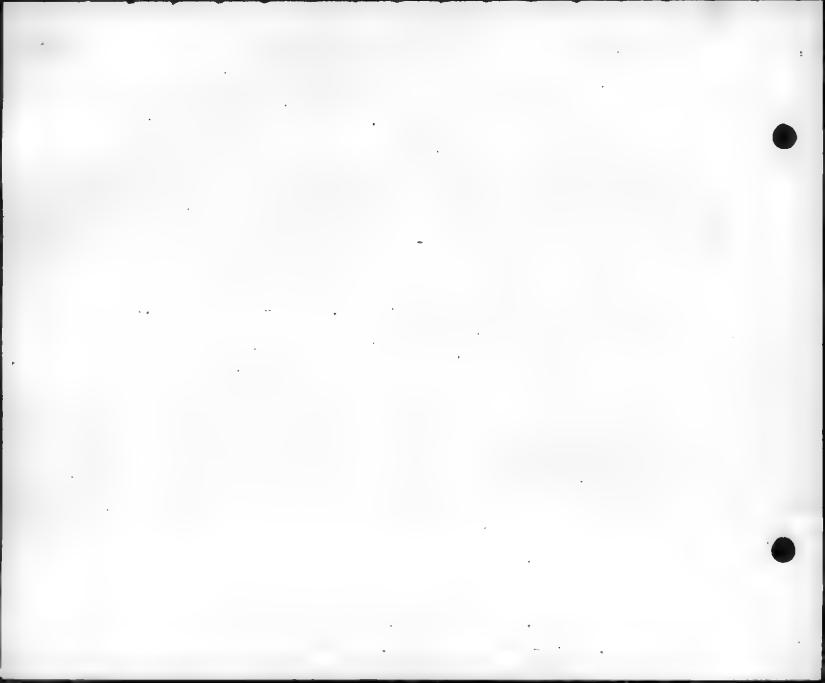


TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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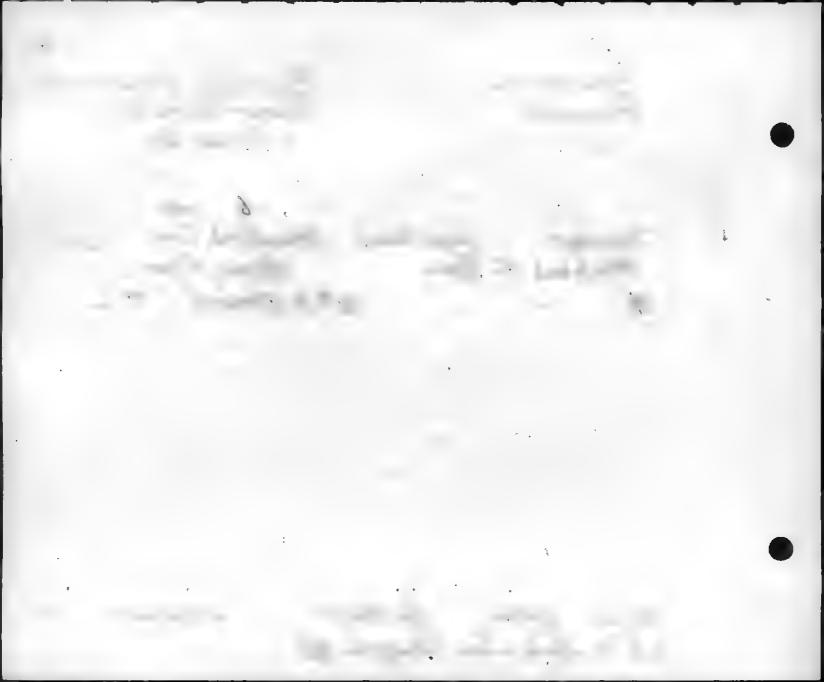
	DIVISIO	N OF STATE	MAR STICAL RESE	YLAND STATE ARCH AND RECO	DEI RDS	PARTMENT OF 3. 301 W. PRESTO	HEALTI N STREET	ł , Baltimor	E 1. M	ARYLAND
	01732			CERTIFIC	ATI			,	- 0, 1000	0.1683
1.	PLACE DE DEAT a. COUNTY	Н				2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admissi				
_	14	NFL	ARLAC			a. STATE	n	b. COUNT	13	Δ
	b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b				N 1b	c. CITY OR TOWN (If	outside corpo	orate limits, writ	e RURAL a	and give nearest town)
\vdash		SPITAL OR INSTIT	E 7 - 2	18 vrs	Iress)	d, STREET ADDRESS	ICRA	150%	Ic.H	e. IS RESIDENCE
	2 13	IV.	N WESD	()		213	H. m.	4140 1	Ro	ON A FARM?
3.	NAME OF DECEASED	/ None No. 1	First	Middle		Last	4. DATE	Month		Oay Year
	(Type or print)	6. COLOR OR R	NNIG	_ M.		KEANC	DEATH	fei.	24	19 6 (
3.	C	,	7. 112881120	9		B. OATE OF BIRTH		last birthday)	donths (YEAR IF UNDER 24 HRS. Days Hours Min.
			work done 10b.	(IND OF BUSINESS OR		11. BIRTHPLACE (Co	X(7 7134		IZEN OF WHAT
dur	1 /	ling life, even if r	retired)	NDUSTRY		I Par	arn		a* ,	INTRY?
13.	. FATHER'S NAM	IE .				14. MOTHER'S MAIO			13. /	
16	THOM	A C C	NOIL	L			Keelty	0.44		
	es, no, or unkown)	(If yes give war or o	tates of service)	SOCIAL SECURITYNO.		INFORMANT		Address		
	NONO	DEATH Enter on	ly one cause per	2-51-9065 line for (a), (b), and (c).		hn Keane -2	13 Kenw	ood nd.,	Hivie	INTERVAL BETWEEN
П		EATH WAS CAUSE IMMEDIATE CA	0 BY: // //	ute Care	de	in decom	Lema	a de in		ONSET AND DEATH
	4201	IIIIII EDINIE O	DUE TO		_				0	
	Cenditions, If gave rise to		(b) Core	nary lirle	300	rachiotec	hear	t disci	0.28	1 -genr
	cause (a), s underlying caus	tating the	DUE TO	sentent	-1	exections	un			8-484 11
NOI			(c)(DITIONS CONTRIB	UTING TO DEATH BUT NO	TRELA	TED TO THE TERMINAL O	ISEASE CONO	ITION GIVEN IN P	ART 1(a)	192 WAS AUTOPSY PERFORMED?
ICAT				none						YES NO
CERTIFICAT	2Da. ACCIDENT OR CONTRIBUT	WAS UNDERLYIN ING () CAUSE OF ITIFY MEDICAL EX	IG [] 20b. DEATH	OESCRIBE HOW INJURY	OCCU	RREO. (Enter nature of	Injury in Par	t I or Part II of	Item 18.)	
3 3		INJURY Month.		NJURY OCCURRED 120	o DI A	CE OF INJURY (Home, fa	em 1 20f (0	ity or town)	(Coun	ty) (State)
MEDICAL	Hour a.	m.	White	Not While		ry, street, office bldg., el		aty or tonny	(004)	(5,010)
Σ		m. fv that (I) (this.	hospital) attent	k at work! led the deceased fro	.01	5 /15 19	ジブ. to	2/24	1962	that (I) (we) last
	saw the de	ceased alive or	0/	. 7 //		death occurred at	7-7	n the causes a		e date stated above.
	22a. SIGNATU	m m	1				VIED.	STAFF	22b. 0A	TE SIGNED
	22c. PHYSICIA		Jaceyn.		M.G	22d. ADORESS	DIRECTOR	PHYS.	2/2	
	NAME (T	ype) K.///	n. mela	eghlin		3708 Min	ulams	K4. 12	isaci	lua, MU.
232	BURIAL, CREA	MATION, 23b. D	ATE THEREOF	23c. NAME OF CEM	ETERY	OR CREMATORY	23d. LOC	ATION (City, tov	VA OF COUR	nty) (State)
24	Burial DIRI	Feb	28,1966	New Cather	dra]	L Cemetery	Palt.	MOTE M	IS WAR'S	SIGNATURE
	eorge J.		4001 Rit	chie Hgwy.,	Bal.	timore DATE	28 19	66 834	carle	Judge

VR A15 (4) 20M 1/65

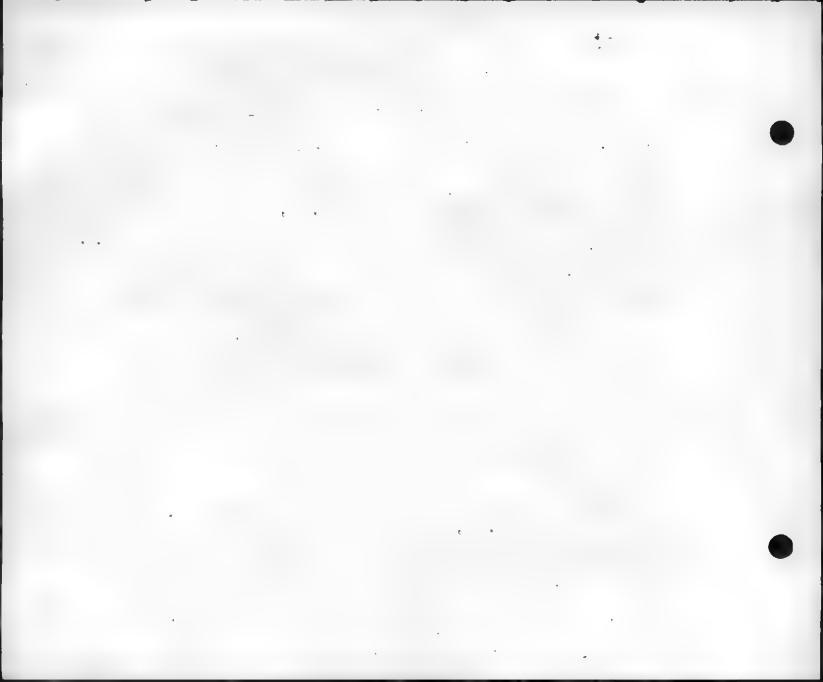


MARYLAND STATE DEPARTMENT OF HEALTH

1/65



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2. d∎ath. PLACE OF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If institution: Residence before the 1 b. COUNTY Anne Amundel aftıır after Anne Arundel MARYLAND by the Pages b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Annapolis c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b within 72 hours hours days filled in RURAL - Edgewater d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Anne Arundel General Hospital Rt-2. Edgewater Beach NO K YES witilin completely pou 3. NAME OF First DATE Middle Last Month Day Year DECEASED OF event. 1966 George KLUG 10 (Type or print) DEATH February executed 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS and con DATE OF BIRTH 9. 7. MARRIED TY NEVER MARRIED last birthday) Months Days Hours 0 any Male White Mar. 13. 81 WIDOWED TO DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 5 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 9 COUNTRY? INDUSTRY Maryland ervice ■rtificat FATHER'S NAME 14. MOTHER'S MAIDEN NAME геттоуа transit permit. There, cramation, or remove 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 1 (Yes, ng. or unkown) \(() f yes give war or dates of service) been signed by the the burial-transit in or to munial, cramati CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN The law requires that the ONSET AND DEATH PART I, DEATH WAS CAUSED BY: WKS. by th∎ hospital mr attenging mhysician. IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which gave rise to immediate DUE TO cause (a), stating the has be as th underlying cause last. (c) CERTIFICATION PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? DIRECTOR: After this certificate ge 3 should be detached for use led with the State Dept. of Health NO [YES PHYTICE 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. MEDI While Not While p.m at work at work retainind Feb. 10 19 66 , that (I) (Mak last certify that (1) sthis the cottod) attended—the deceased from saw the deceased alive on .Feb 1966 and that death occurred at M, from the causes and on the date stated above. 12:23 228. SIGNATURE 22b. DATE SIGNED TO FUNERAL DIRE director, page 3 should be filed w þe ATTENDING MED. DIRECTOR STAFF PHYS. PHYS. 4 may TO HOSPITAL PHYSICIAN'S ADDRAS: 22c. 22d. NAME (Type) NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) BURIAL, CREMATION. 23d. REMOVAL (Specify) ncoln 66 ADDRESS REC REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 'D BY VR A15 (4) 1/65



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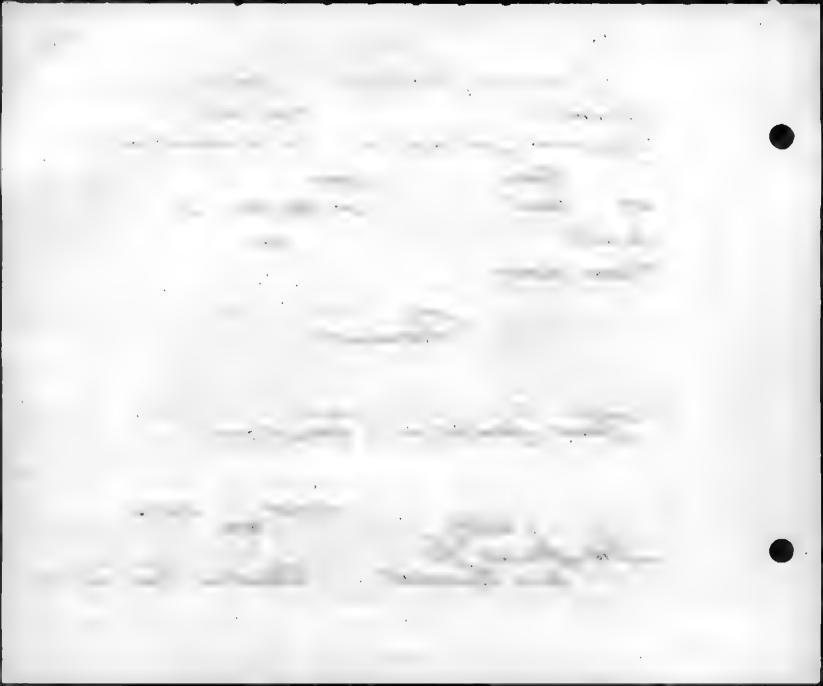
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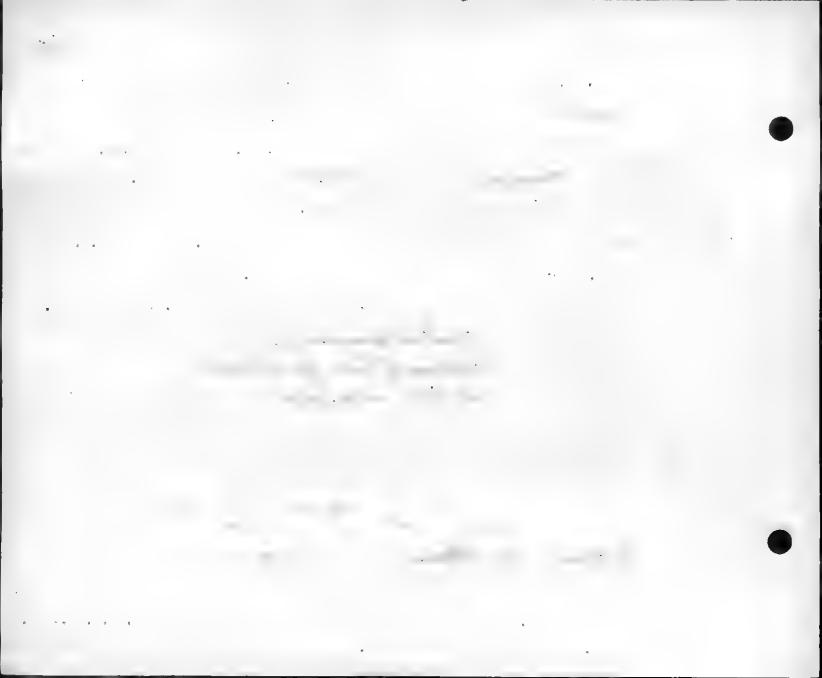
MEDICAL CERTIFICATION

23

	MARYLAND STATE DE	PARTMENT OF HEALTH S, 301 W. PRESTON STREET, BALTII	MORE 1, MARYLAND
	01735 CERTIFICAT		011086
1.	PLACE OF DEATH BROWN REVILLE PANE ARMININA	2. USUAL RESIDENCE (Where deceased lived, li a. STATE MARYLAND). C	f institution: Residence before admission) OUNTY
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits	, write RURAL and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION CLIPOT In hospital, give street address, REPORTS VILLE STATE HOSPITAL	d. STREET ADDRESS FOY W. LEYING:	ON A FARM? YES NO NO
3.	NAME OF DECEASED (Type or print) EALL	AWS DEATH	2 18 1966
5.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED THE	8. DATE OF BIRTH 7/22/1849 9. AGE (In year last birthday of year)	Ars IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
dur	. USUAL OCCUPATION (Give kind of work done long most of working life even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign cou	ntry) 12. CITIZEN OF WHAT COUNTRY?
13.	T-RANIL LAWS	14. MOTHER'S MAIDEN NAME NRT StateC	
15 (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give war or dates of service)	HOSpital Records	dress
	18. CAUSE OF DEATH [Enter only one cause per who for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	iA	INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	PARTICOTHER SIGNATION CONTRIBUTING TO DEATH BUTNOTRES	ATED TO THE TERMINAL DISEASE CONDITION GIVEN MALNUT R. 1710N URRED. (Enter nature of Injury In Part I or Part	YES NO NO
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL Fact While Not While fact at work at work	ACE OF INJURY (Home, farm, 20f. (City or town ory, street, office bidg., etc.)	(County) (State)
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 2/18/6 19, and the 22a. SIGNATORE 22c. PHYSICIAN'S MAME (Type) Hollis Beam Alix E	22d. ADURAS NASULLE S	7ATE HUSPISAL
23a	Burial 2-22-66 net. aubur	n Cemetery Balter	ive Met.
1	Charle, O. Rice, 66/W. Barre St	DATE B 25 1936	Harly Judge

VR AI5 (4) 20M 1/65

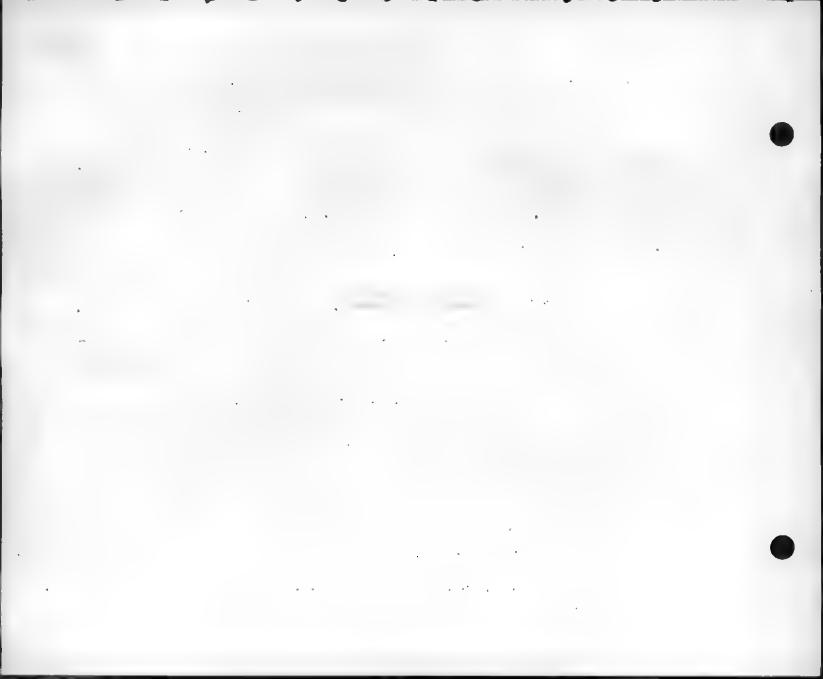




_	01733				CERTI	FICA	E OF DEA	XIIII		1)	THRE
1.	PLACE OF DEAT a. COUNTY						2. USUAL RESID	ENCE (Whare decease	d lived, If in		ence before e
		AA			MAR	YLAND	a. SIMIE	Maryland	B. COUNT		AA
	b. CITY OR TOWN write RURAL on	(if outside co	rporete limits,		c. LENGTH OF S	TAY IN 16	c. CITY OR TOW	N (If oulside corporate	limits, write I	RURAL and give	negrest tow
	Orchar	d Beacl	h				Orcher	d Beach		-	,
	d. NAME OF HOSP				ital, give street ad	dress)	d STREET ADDRE				e. IS RE
_		134 Ea	st End	Dr,			7934 E	ast End Dr	. 26		YES 🗌
3.	NAME OF DECEASED		First		Middle		Last	4. DATE	Month	Da	y Yeer
_	(Type or print)		Irene	1	M. Let	utner L		DEATH	2		B 19
۴.	SEX	6. COLOR	OR RACE 7.	MARRIED	NEVER MARE	"LU	DATE OF BIRTH	l lar	and an in the land	Months Days	Hours
/_	F			VIDOWE0	DIVOR	CED 🔲 🗎 🎝	July 25, 1	887 7		Monins Days	Hours
10a	ne during most of w	TION (Give k	and of work ven if retired)	10b. KIN	D OF BUSINESS	OR INDUSTRY	11. BIRTHPLACE (C	ounty & Sleta, or fore	gn country)	12. CITIZEN	OF WHAT
	House						Md.)	
13.	FATHER'S NAME						14. MOTHER'S MAIL	EN NAME			
	Albe	ert Var	der Li	nden			Mary	-			
15	WAS DECEASED E	VER IN U.S. A	ARMED FORCE	57 16. S	OCIAL SECURITY	NO. 17. IN	FORMANT		Address		
111	No	(11) as A 11 a Mai	o delesorsery	(0)			Family			Come	
	18 CAUSE OF	DEATH [Ent	er only one ce	use per lin	e for (e), (b), end	(c).]	T. CHILLIAN.			Same	NTERVAL BET
	DARKE DEA	TH WAS CAU	ICEN OV 3								UNA LICH
	PARI I. DEA	IMMEDIATE	CAUSE (e)	nyoca	rdial In	farcti	on				10 h
	430	IMMEDIATE	CAUSE (e)^	чуоса	rdial In	farcti	on				10 h:
		IMMEDIATE	DUE TO		 -			lar heart	diseas		10 h
	Conditions, if an	y, which	DUE TO		 -			alar heart	diseas		10 h
	4 54 C Conditions, if an	y, which	DUE TO		 -			lar heart	diseas		TO h
NC	Conditions, if an gave rise to immediately, stelling the cause lest.	y, which diete ceuse underlying	DUE TO (b) DUE TO (c)	Arter	riosclero	otic ca	rdio-vascu	alar heart		e	19. WAS
ATION	Conditions, if an gave rise to immediately, stelling the cause lest.	y, which diete ceuse underlying	DUE TO (b) DUE TO (c)	Arter	riosclero	otic ca	rdio-vascu			e	19. WAS A PERFO
THICATION	Conditions, if an geve rise to immediate, stelling the cause lest. PART II. OTHI	IMMEDIATE y, which diete ceuse underlying ER SIGNIFICA VAS UNDERL	DUE TO (c) TING []	rter	iosclero	otic ca	rdio-vascy	rminal disease con	DITION GIVE	e	19. WAS /
CERTIFICATION	Conditions, if an gave rise to immediate, stating the cause lest. PART II. OTHI	y, which diete ceuse underlying of SIGNIFICA	DUE TO (b) DUE TO (c) NT CONDITIO	rter	iosclero	otic ca	rdio-vascy		DITION GIVE	e	PERFC
-	Conditions, if an gave rise to immed (e), steling the cause lest. PART H. OTHI 20a. ACCIDENT V OR CONTRIBUTION	IMMEDIATE y, which diete ceuse underlying ER SIGNIFICA VAS UNDERL YAS UNDERL YAS UNDERL YAS UNDERL YAS UNDERL	DUE TO (b) DUE TO (c) NT CONDITIO	rter	iosclero	ATH BUT NOT	rdio-Vascy RELATED TO THE TE (Enter natura of Inju	RMINAL DISEASE CON ry in Pert II of Farm, 20f. (City or t	DITION GIVE	e	19. WAS A PERFO
-	Conditions, if an gave rise to immed (e), steling the cause lest. PART II. OTHI 20a. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIF) 20c. TIME OF INJ Hour a.m.	IMMEDIATE y, which diete ceuse underlying ER SIGNIFICA VAS UNDERL YAS UNDERL YAS UNDERL YAS UNDERL YAS UNDERL	DUE TO (b) DUE TO (c) NT CONDITION YING	rter	TRIBUTING TO DEA	ATH BUT NOT	rdio-Vascy RELATED TO THE TE	RMINAL DISEASE CON ry in Pert II of Farm, 20f. (City or t	DITION GIVE	N IN PART 1(e)	19. WAS /
MEDICAL CERTIFICATION	Conditions, if an gave rise to immed (e), stelling the cause lest. PART B. OTHI 20a. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTH) Hour a.m.,	y, which diete ceuse underlying SER SIGNIFICA VAS UNDERLE GO CAUSE (Y MEDICAL E	DUE TO (b) DUE TO (c) NT CONDITIO YING OF DEATH EXAMINER) th, Dey, Yeer	Inter	RIBUTING TO DE/ CRIBE HOW INJURY OCCURRED Not While at work	ATH BUT NOT	rdio-Vascy RELATED TO THE TEL (Enter natura of inju E OF INJURY (Home, ry, streat, office bldg.,	ry in Pert II or Pert II of farm. 20f. (City or tale.)	DITION GIVE Item 18.)	N IN PART 1(e)	19. WAS PERFO
-	Conditions, if an gave rise to immed (e), stelling the cause lest. PART B. OTHI 20a. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTH) Hour a.m.,	y, which diete ceuse underlying SER SIGNIFICA VAS UNDERLE GO CAUSE (Y MEDICAL E	DUE TO (b) DUE TO (c) NT CONDITIO YING OF DEATH EXAMINER) th, Dey, Yeer	Inter	RIBUTING TO DE/ CRIBE HOW INJURY OCCURRED Not While at work	ATH BUT NOT	rdio-Vascy RELATED TO THE TEL (Enter natura of inju E OF INJURY (Home, ry, streat, office bldg.,	ry in Pert II or Pert II of farm. 20f. (City or tale.)	DITION GIVE	(County)	19. WAS PERFO
-	Conditions, if an geve rise to imme (e), steling the cause lest. PART II. OTHI 20a. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIF) 20c. TIME OF INJ Hour a.m., p.m. 21. I certify saw the deces	y, which diete ceuse underlying SER SIGNIFICA VAS UNDERLE GO CAUSE (Y MEDICAL E	DUE TO (b) DUE TO (c) NT CONDITIO YING OF DEATH EXAMINER) th, Dey, Yeer	Inter	RIBUTING TO DE/ CRIBE HOW INJURY OCCURRED Not While at work	ATH BUT NOT	rdio-Vascy RELATED TO THE TE (Enter natura of Inju	ry in Pert II or Pert II of farm. 20f. (City or tale.)	DITION GIVE	(County)	19. WAS, PERFO YES That (I) that (I) that (I) the stated
-	Conditions, if an gave rise to immed (e), stelling the cause lest. PART B. OTHI 20a. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTH) Hour a.m.,	y, which diete ceuse underlying SER SIGNIFICA VAS UNDERLE GO CAUSE (Y MEDICAL E	DUE TO (b) DUE TO (c) NT CONDITIO YING OF DEATH EXAMINER) th, Dey, Yeer	Inter	RIBUTING TO DE/ CRIBE HOW INJURY OCCURRED Not While at work	ATH BUT NOT Y OCCURRED. 200. PLACE fector and that co	rdio-vascy RELATED TO THE TEL (Enter natura of injunction of injunctio	ry in Pert II or Pert II of farm. 20f. (City or talc.) 19.05, to Fe 8 A.M., from the	DITION GIVE	(County)	19. WAS PERFO
-	Conditions, if an geve rise to immede), stelling the cause lest. PART H. OTHI 20a. ACCIDENT VOR CONTRIBUTION (IF EITHER, NOTH) 10c. TIME OF INJ. Hour a.m., p.m. 21. I certify saw the deces 22e SIGNATURE	y, which dete couse underlying of the signification of the significant of th	DUE TO (b) DUE TO (c) NT CONDITIO YING OF DEATH EXAMINER) th, Dey, Yeer	Inter	RIBUTING TO DE/ CRIBE HOW INJURY OCCURRED Not While at work	ATH BUT NOT	RELATED TO THE TELE (Enter natura of injunction of injunc	ry in Pert II or Pert II of farm. 20f. (City or tale.) 19.05, to Fe 8 A.M., from the	DITION GIVE	(County)	19. WAS PERFO
-	Conditions, if an geve rise to imme (e), steling the cause lest. PART II. OTHI 20a. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIF) 20c. TIME OF INJ Hour a.m., p.m. 21. I certify saw the deces	IMMEDIATE y, which Lete couse underlying ER SIGNIFICA VAS UNDERL G \(\text{CAUSE C} \) VAS UNDERL G \(CAUSE	DUE TO (b) DUE TO (c) NT CONDITIO YING OF DEATH EXAMINER) th, Dey, Yeer	POS CONT	RIBUTING TO DE/ CRIBE HOW INJURY OCCURRED Not While at work	ATH BUT NOT Y OCCURRED. 200. PLACE fector and that co	RELATED TO THE TELE (Enter natura of injunction of injunc	ry in Pert I or Pert II of farm. 20f. (City or talc.) 19.05, to Fe 8 A.M., from the	DITION GIVE	(County)	that (I) that 22th 2-8.
MEDICAL	Conditions, if an geve rise to immed (e), stelling the cause lest. PART B. OTHI 20a. ACCIDENT VOR. CONTRIBUTING (IF EITHER, NOTIF EITHER, EI	IMMEDIATE y, which dete ceuse underlying ER SIGNIFICA VAS UNDERL G	DUE TO (b) DUE TO (c) NT CONDITION VING D OF DEATH EXAMINER) This hospital on Feb. Call arl Hi	Arter NS CONT 20d. IN While el work 7 attended	RIBUTING TO DEA	ATH BUT NOT Y OCCURRED. 200. PLACE fector and that c	RELATED TO THE TEL (Enter natura of injunction of injunct	ry in Pert I or Pert II of farm. 20f. (City or tale.) 20f. (City or tale.) 8 A.M., from the DIRECTOR P	own) tem 18.) causes en TAFF HYS. Rd., P	(County) (County) and on the di	that (I) that saled 22b 2-8.
MEDICAL	Conditions, if an geve rise to immed (e), steling the cause lest. PART II. OTHI 20a. ACCIDENT V OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJ Hour a.m., p.m. 21. I certify saw the deces 22e SIGNATURE 22c. PHYSICIAN' NAME (Typinam In June 1997) a. BURIAL, CREMA' REMOVAL (Specify ISPACE)	IMMEDIATE y, which Lefe ceuse underlying ER SIGNIFICA VAS UNDERL 3 \(\text{CAUSE } \) CAUSE (Y MEDICAL E URY Mont that (1) (1) sed alive	DUE TO (b) DUE TO (c) NT CONDITION VING D OF DEATH EXAMINER) This hospital on Feb. Call arl Hi	Arter NS CONT 20d. IN While el work 7 attended	TRIBUTING TO DEA	ATH BUT NOT Y OCCURRED. 200. PLACE fector and that communication of the	RELATED TO THE TELL (Enter natura of injunction of injunc	RMINAL DISEASE CON ry in Pert I or Pert II of ferm. 20f. (City or talc.) 20f. (City or talc	item 18.) own) Causes an TAFF HYS. Rd., P	(County) (County) (County) (County)	that (I) that experience of the stated 22b, Md.
WEDICAL MEDICAL	Conditions, if an geve rise to immed (e), steling the cause lest. PART H. OTHI 20a. ACCIDENT V OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJ. Hour a.m., p.m. 21. I certify saw the deces 22e SIGNATURE 22c. PHYSICIAN'S NAME (Type) 3. BURIAL, CREMA'REMOVAL (Specify Burial	IMMEDIATE y, which Lete couse underlying ER SIGNIFICA VAS UNDERL G \(\text{CAUSE of } \) That (1) (1) seed alive To \(\text{Cause of } \)	DUE TO (b) DUE TO (c) NT CONDITION TING DEATH CONDITION THE TOSPITATION FEB. CALL DATE THEREO 11/66	Arter NS CONT 20d. IN While el work 7 attended	TRIBUTING TO DEA	ATH BUT NOT Y OCCURRED. 200. PLACE fector and that c	RELATED TO THE TELL (Enter natura of injunction of injunc	ry in Pert t or Pert II of farm. 201. (City or tale.) 19.65, to Fe 8 A.M., from the MED. SPIRECTOR P. Smallwood 23d. Locatio	DITION GIVER Item 18.) Own) Causes an TAFF HYS. Rd., P	(County) (County) d on the diasadena	that (I) that (I) that 22b 2-8.
WEDICAL MEDICAL	Conditions, if an geve rise to immed (e), steling the cause lest. PART II. OTHI 20a. ACCIDENT V OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJ Hour a.m., p.m. 21. I certify saw the deces 22e SIGNATURE 22c. PHYSICIAN' NAME (Typinam In June 1997) a. BURIAL, CREMA' REMOVAL (Specify ISPACE)	IMMEDIATE y, which Lete couse underlying R SIGNIFICA VAS UNDERL G \(\text{CAUSE C} \) That (1) (1) sed alive that (1) (1) cred alive cred (1) cre	DUE TO (b) DUE TO (c) NT CONDITION TYING OF DEATH OF DEATH EXAMINER) THE TOSPHAT OF LATE THEREO 11/66 URE	Arter ONS CONT 20d. IN While el work 7 11	TRIBUTING TO DEA TO DE TO	ATH BUT NOT Y OCCURRED. 200. PLACE fector and that community of the com	RELATED TO THE TEL (Enter natura of injunction of injunct	RMINAL DISEASE CON ry in Pert I or Pert II of ferm. 20f. (City or talc.) 20f. (City or talc	DITION GIVER Item 18.) Own) Causes an TAFF HYS. Rd., P	(County) (County) d on the diasadena	that (I) that (I) that 22th 2 & 8.



× 1,		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTII	MORE 1, MARYLAND
सं (ह	A 2 ,	01738 CERTIFICATE OF DEATH	01689
Leath.	and a	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, 1	f institution: Residence before admission)
fter the f	ter 1	Anne Arundel Maryland Ar	ne Arundel
s aft by ti	Pages 1 urs after	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b	, write RURAL and give nearest town)
hours after d in by the	Four P	Annapolis 01 day Shady Side	, in projection
filled filled		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
E &			lonth Day Year
executed within	ve carbon pa event, within	DECEASED	1
uted w	y even	5 SEY 16 COLOR OF PACE 1 NOTE OF PACE OF PICTURE 19 ACE (In ve	are I DE HADED 1 YEAR TELINDER 24 HRS
xecu		Male Cauc WIDOWEO DIVORCED March 27, 1899 66 yrs	ay) Months Days Hours Min.
	13/2	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign could during most of working life, even if retired)	
- 10-	-6/E	U.S. Marine & Guard USMC Towa	USA
certificate	oval	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	54
eriti	Æ	Inknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (LISTE)	Idenas .
itten	burial-transit permit. Then ple burial, cremation, or removal, a	(Yes, no, or unkown) (If yes give war or dates of service)	erch Drive
Jeally he atte	tion	Ies 1917-1953 A/5-34-70 Tyna Little Shady 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	Side, Md.
law requires that ⊪he ttending physician. has been signed by t	nsit	PART I DEATH WAS CAUSED BY.	ONSET AND DEATH
w requires that Economic physician.	al, ca	IMMEDIATE CAUSE (a) Congestive Heart Failure	uays
phys	buria	Conditions, if any, which \ Acute Myocardial Infarct	
requir ding p	e p	gave rise to Immediate cause (a), stating the OUE TO	
law r ttend has t	as Diric	underlying cause last.) (c) Coronary Arterial Atherosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE	NINPART I(a) 119. WAS AUTOPSY
The la	for use Health		PERFORMED?
N: TI tal o ifica	He For	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part or Part	YES X NO 1
THY ICIAN: the hospital this certifi	detached for use te Dept. of Health p	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	, , , , , , , , , , , , , , , , , , , ,
le b	Del		n) (County) (State)
d by ti	be de State	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town factory, street, office bidg., etc.) Bour a.m. While Not While at work at work at work	
		21. I certify that staythis hospital) attended the deceased from 3 February, 19 66, to 11 Febr	uary19_66, that (1) We) last
ATTENIII retained CTOR: A	shot th ti	saw the deceased alive on 1 February 19 66, and that death occurred at 0330M, from the cause	ses and on the date stated above.
OR P	age 3 should	22a. SIGNATURE ATTENDING MED. STAFF	22b. DATE SIGNED
TAL C may I	page	M.D. PHYS. DIRECTOR PHYS.	14 February 1966
<u>v</u> 4 ⊞	irector, hould be	NAME (Type)	ANNAPOLIS, MD.
Page Page	directo should	238. BURIAL, CREMATION, 23b. DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d, LOCATION (Git	y, town or county) (State)
5, 5	는 A	Barral Feb 7, 1966 Selvator Notional Selvato	N, VA.
		24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b.	. REGISTRAR'S SIGNATURE
VR A15 20M 1		Thomas N. Hardsy Galesvilles 11 DAJEFB 8 1866	7-7-4-



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESE PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) death. If any way is necessary, and 3 to the funeral director, Page 3 to be retained for your files. a. COUNTY b. COUNTY e. STATE Marvland Anne Arundel MARYLAND Anne Arundel b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I m.Is, write RURAL and give nearest town) write RURAL and give nearest town) Millersville Millersville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?. North Arundel General Hospital RA NO D Route 1 Box 49 A Benfield 3. NAME OF DATE Month Day DECEASED OF (Type or print) LLOYD DEATH NELFORD 2-3-66 19 6. COLOR OR RACE 7. MARRIED TA NEVER MARRIED with 5. SEX 8. DATE OF BIRTH 19. AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS. 2 with 38 Manths male WIDOWED DIVORCED IDa. USUAL OCCUPATION IG va kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working rife, even if retired) EXAMINER: This certificate should be executed within 24 hours ste, writing the word "pending" in pencil in Item 18, Give Pagas the Chief Medical Examiner's Office along with form PM\$. Page 3 should be used as a burial-transit permit, File page. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, brunkown) (Ifyesgivawarozdetesofsecvice) 18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), INTERVAL BETWEEN <u>.c</u> ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Multiple traumatic injuries and IMMEDIATE CAUSE (a) DUE TO removal, Conditions, if eny, which gave rise to immediate cause **DUE TO** (e), steting the underlying ... The certificate, writing the word "pending forwarded to the Chief Medical Examiner" L DIRECTOR: Page 3 should be used as should be used a cause lest, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110 . 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20e. EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURED, (Enter nature of injury In Part I or Part II of Itam 18.) PRIMARY To CONTRIBUTING e 3 sho burial, CAUSE OF DEATH. Auto-auto collision ന 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Day, Year (County) (Stata) factory, street, office bidg., etc.) While Not While 10 66 et work at work & street Millersville please exect... rie certificate, v 4 should be forwarded to the O FUNERAL DIRECTOR: P. or its designated agent, prior A.A. Md. prior 21. I certify that I took charge of the remains described above, held an Autopsy K. Inspection Indu'ry and in my opinion death resulted from: Accident X Buicide Homicide Undetermined manner Natural causes CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER X DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 2-3-66 DEPUTY EXAMINER'S Rudiger Breitenecker, M.D. NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY ! 22d. LOCATION (City, town, or country) 225 BURIAL CREMATION 226. DATE THEREOF (State) REMOVAL (Spacify). ₹40 FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE A15ME 5M 7/59



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please mayore carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in a funeral, within 72 hours after death.

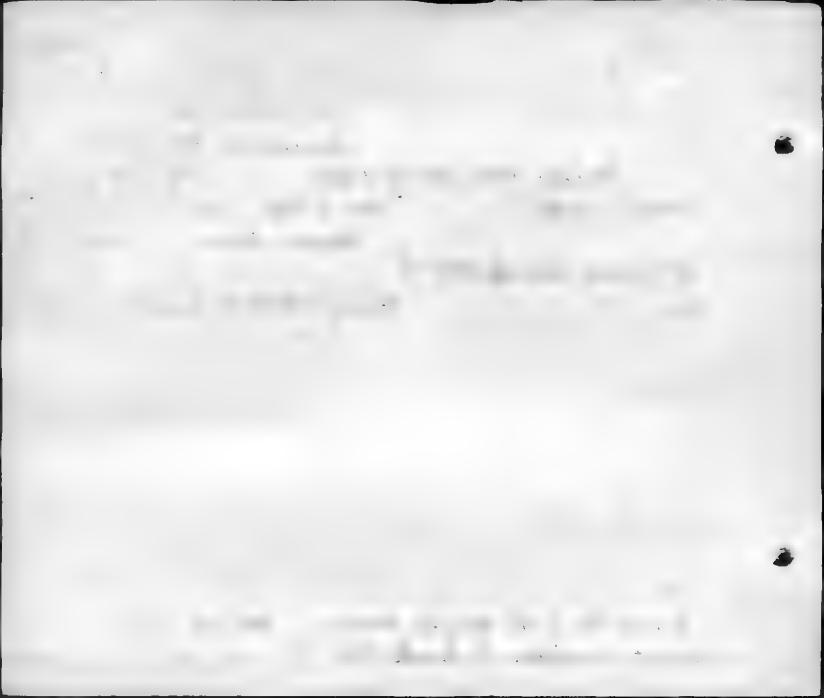
MEDICAL CERTIFICATION

5 (4) 1/65 AI5

	PARTMENT OF HEALTH s, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
01740 CERTIFICAT	TE OF DEATH U1691
1. PLACE OF DEATH a, COUNTY	2. USUAL RESIDENCE (Where deceased lived, It institution: Residence before admission)
Anne Arundel MARYLAND	a. SMaryland b. SOUNTY Mary's
b. CITY OR IDWN (If outside corporate limits, write RURAL and give nearest town)	
Crownsville 5 days	Hollywood 19-2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	ON A FARM?
Crownsville State Hospital	Rt. 2, Box 83 YES NO[7]
3. NAME OF First Middle DECEASED TO THE PROPERTY OF THE PROPER	Last 4. DATE Month Day Year OF DEATH 2 28 19 66
(Type or print) 3-#31359 Florine 5. SEX 6. COLOR OR RACE 7. MARRIED] NEVER MARRIED]	8. DATE OF BIRTH 19. AGE (In years LEUNDER 1 YEAR IF UNDER 24 HRS.
Neoro	last birthday) Months Oays Hours Min.
1Da. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Clarence Holt	Young
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (if yes give war or dates of service)	INFORMANT Address
Unknown Unknown	Hospital Records
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) HATERIUSCICION	c Healt Giscus e
Conditions, if any, which) DUE TO (354)6 ca / (677	hadra la mars
gave rise to immediate	terioscleros is
cause (a), stating the underlying cause last.	
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELEASE 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUPANT OF CONTRIBUTING CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	MILE YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUPANTIBUTING CAUSE OF CEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part I or Part II of Item 18.)
BO 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL Hour a.m. While Not While fact p.m. 19 at work at work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) tory, street, office bidg., etc.)
Hour a.m	
21. I certify that (I) (this hospital) attended the deceased from	2/23 , 19 66 to 2/28 , 19 66 that (I) (we) last
saw the deceased alive on 12/28 19 55 and the	at death occurred at 9 AM, from the causes and on the date stated above.
1 1 2 5 (/ / M7 - //) Wh	D. ATTENDING MED. DIRECTOR PHYS. 2/28/66
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) Lionel McHenry Mapp, M. D.	Crownsville State Hospital, Maryland
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF GEMETES	RY OR CREMATORY 23d. LOCATION (City, town or county) (State)
: serial 3/2/66 1-52 1984	at maganea mais mais manager of the land o
24. FUNERAL DIRECTOR ADDRESS!	25a. REC'D BY REGISTYAR 25B. REGISTRAR'S SIGNATURE
Wellarke mallingly, dionardoun by	DAYETH & 1000



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1 / Cubecutos)	
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).)	AL BETWEEN
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E was 0 line and object	
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E 2 2 3 S T T T T T T T T T T T T T T T T T T	med
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CHIEF MEDICAL EXAMINER ASS STANT MEDICAL EXAMINER DATI	SIGNED
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228, BURIAL, CREMATION, 22b DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, 15wm or country)	Stele,
Burial Mar 3, 1966 ARINGTON NATIONAL ARLINGTON, VA.	
VR A15ME 23. FUNERAL DIRECTOR ADDRESS ADDRESS AND ALIEN ADDRESS AN	
5M 1/62 Hardesty Funeral Honce, Galesville, Md. MAR II 1966 Johnson Judy	ré



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) p. COUNTY o STATE M. CU. 4 P.M.3 Page death. MARYLAND delay Department c CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (I outside corporate limits, c LENGTH OF STAY IN 1b write RURAL and give nearest town) after 9/EN BURRIE 4125 d NAME OF MOSPITAL OR INSTITUTION (f not n hospital, give street address) d STREET ADDRESS e IS RES DENCE alang with farm haurs ON A FARM? NURTH AMUNDEL GENERAL BOX 115 MARKS NOCK - Red Pages ate YES NO M 24 haurs after death 3 NAME OF Midd e 4 DATE 22 DECEASED 0F the MAhONE 27 19 6 6 within (Type or print) DEATH S SEX 6 COLOR OR RACE 8. DATE OF BIRTH 9 AGE (n years IF UNDER I YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED last birthdoy) Months WIDOWED DIVORCED event CV. 100 US_ALOCC_PATION (Give kind of work done Ob KIND OF BUSINESS OR (State or foreign country) 12 CITIZEN OF WHAT during mest of working te, even if retired) BNICASTER dny (601 pages pencil 13 FATHER'S NAME be executed within ⊆ ORBRIEL MALINDA and <u>و</u> <u>آ</u> 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Chief Medical (Yes, no, or unknown) (If yes give wor or dotes of service remaval IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEE PART I. DEATH WAS CAUSED BY ONSET AND DEATH Б earden IMMEDIATE CAUSE (o) This certificate should burial, crematian, DUE TO Conditions, if any, which gove (b) 5 rise to immediate couse (a), DUE TO te, writing the farwarded t stating the underlying couse 0 ìost paso PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY CERTIFICATION PERFORMED? NO K pe agent, priar to 5 shauld be 200 EXTERNAL CAUSE WAS 20b DESCR BE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of term 18) 3 should PRIMARY I or CONTRIBUTING I CAUSE OF DEATH 20c TIME OF INJURY Month, Doy Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. While Not While foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Page ot work ot work Health ar its designated 21 I certify that I took charge of the remains described above, held on Autopsy Inspection 7 Inquiry and in my opinion the funeral director, deoth resulted Notural couses Accident . Suicide . Homicide Undetermined monner may be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY 10CATION (City or Town) (County) 2 METH. CHURRY 0//5 24 FUNERAL DIRECTOR 2Sb REGISTRAR'S SIGNATURE VR A15ME (5) 6M 1/66



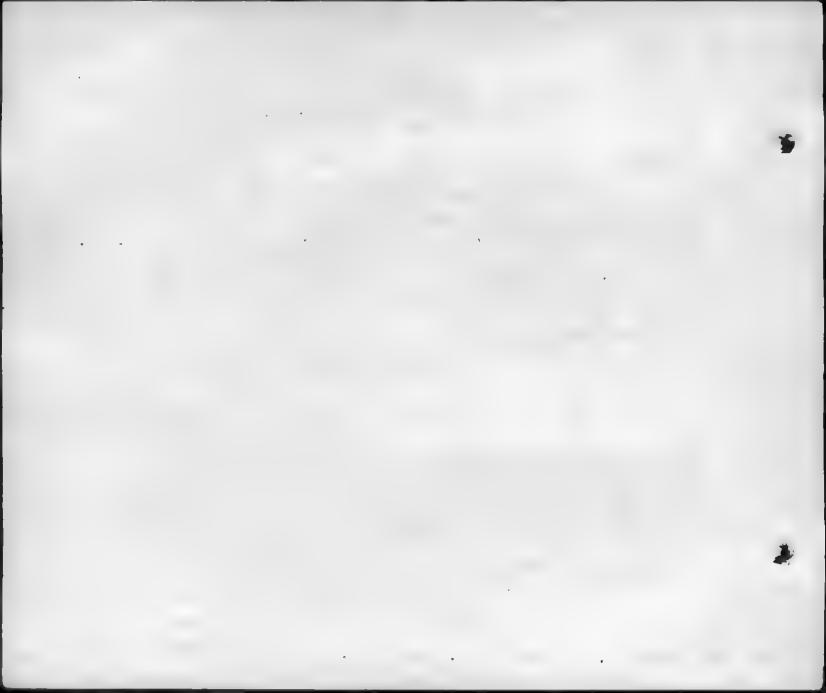
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	1	Item 18 Film G374 3/1 MARYLAND STATE DEPARTMENT OF HEALTH	
2	· (M)	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
- 1	E ~ 5	CERTIFICATE OF DEATH	
24 hours after death	e funeral 1 and 2 er death.	1. PLACE OF DEATH a. COUNTY Anne Arundel MARYLANO 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admissi a. STATE b. COUNTY Anne Arundel MARYLANO MARYLANO Anne Arundel	an)
II're aff	filled in by the financial papers. Pages 1 hin 72 hours after	b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) c. LENCTH DF STAY IN 1b c. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) Edgewater	MU)
Ę	ers. 2 h	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AOORESS e. IS RESIDEN DN A FARM	CE
	£ C1	Crownsville State Hospital Rt.1, Box 244 YES NO.	_
evecuted within	completely ve carbon	3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED (Type or print) 3-#29950 Alma Malia DEATH 2 8 1966	
hoto	9 6	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. ACE (In years IFUNDER 1 YEAR IFUNDER 24H last birthday) Months Days Hours Mi	
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		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).] PART DEATH WAS CAUSED BY.	N
that the	en si	PART I. DEATH WAS CAUSED BY: Progressive inanition & Cachexia 7 mos.	n —
	Sic	Cenditions, If any, which to Chronic Brain Syndrome	
ocal troca	ng ph ng ph sen s sen s sen s se bus to bu	gave rise to immediate / Weningo-encephalitis type	
8	attending plans been as the been prior to bring to be as the been prior to be a second prior	underlying cause last. (c) Central Nervous System Syphilis unknown	
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ouvereral.	this hospital or this certificate detached for use Bept. of Health	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) BY CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
ě ouve	d by the half	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) State Place of Injury (Home, farm, factory, street, office bidg., etc.) Place of Injury (Home, farm, factory, street, office bidg., etc.) Place of Injury (Home, farm, factory, street, office bidg., etc.) Place of Injury (Home, farm, farm, factory, street, office bidg., etc.) Place of Injury (Home, farm, far)
: 1	ed be ded be de	21. I certify that (I) (this hospital) attended the deceased from 7/15, 1965, to 2/8, 1966, that (I) (we) I	as
Ē	tain TOR: Shou th th	saw the deceased alive on 12/8 , and that death occurred at BA M, from the causes and on the date stated abo	we.
	M Will	229 SHRANGE 220. DATE SIGNED ATTENOING MED. STAFF 220. DATE SIGNED ATTENOING MED. STAFF 2/8/66	
. 142	Page 4 may be retained TO FUNERAL DIRECTOR: 4 director, page 3 should should be filed with the	## ATTENOINC NO ORECTOR STAFF 2/8/66 22c. PHYSICIAYS NAME (NO H) ildegard Heard Reissmann, M.D. Crownsville State Hospital, Marylan	20
6	UNE 4		3.00
C	Page Officers Should	238. AURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Concern 2 2 2 5 6 4 6 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6	
	Vs.	24. FUNERAL DIRECTOR 25b. RECISTRAR'S SICNATURE 11 108 W WOLLINGTON 5 1 1953	
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1 / 1		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATES	1	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT	t PL	IZE OF DEATH 2. USUAL RESIDENCE (Where deceased Lyad, If institution: Residence before edmission)
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our ges		cack Man B& O Railroad Severn Maryland 1.5.4. THER'S NAME 14. MOTHER'S MAIDEN NAME
A A A B Sold William		
2 2 2 T		amuel G. Matthews Anetta Lomax
S. Correction of the second of		AS DECEASED EYER IN U.S. ARMED FORCES? 16 SOCIAL SECURTY NO. 17, INFORMANT o, or unhown) (Ifyes g veweror detes of service)
A E E E		705-07-7271 Gilbert Matthews - Box 42 Hanover M
ald year	18	. CAUSE OF DEATH Enter only one couse per line for (%), (b), and (c).
xex ri: D		PART I. DEATH WAS CAUSED 84, IMMEDIATE CAUSE (b) GARAGER
an an		1/60 DUE TO
rd to the fice fice value		
or in Ordina		enditions, if eny, which {b}
o ing	1 1 -), stelling the underlying DUE TO
ical and and and and and and and and and and	CE	use lest. (c)
xar xar	ON	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4), 19. WAS AUTOPSY PERFORMED?
ord al Berman	CERTIFICATION	YES NO DE
The Spile	E 20	B. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Pert I or Pert II of Item 18.)
Short Short	19 C	MARY OF CONTRIBUTING AUSE OF DEATH.
Dur Dur	Z 21	R. TIME OF INJURY Month, Day Year 20d INJURY OCCURRED 2D. PLACE OF INJURY (Home, form, 20f. (City or town) (County, (State)
MAT NOT SERVICE SERVIC	EDICAL	Houre.m. 2. 5. 66 19 While Not While A st work of the
# ± ± ± io	= _	p.m.
15 20 g	1	I certify that I took charge of the remains described above, held an Autopsy Inspection I Inquiry and in my opinion
CA Gentine	d	eath resulted from: Natural causes
E S S S S S S S S S S S S S S S S S S S		CHIEF MEDICAL EXAMINER
For with the state of the state		GRATURE ASSISTANT MEDICAL EXAMINER DATE SIGNED
ury vi		Commence of the commence of th
D X P I		AMMINER'S AME (Type) FLIN hare of. Address (Street, c.ty, town, or county) 2/5/66
D See		IRIAL, CREMATION 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (Stote)
O 9 4 0 9	_	MOVAL (Spec.ly) 2/9/66 Saints Rest Cemetery Harmons Maryland
H H J		Neral Director Address Rest Cemetery Harmons rary Land
VS. AISME		1 D Wathan 3035 W Donth Ave
5M 9 60	Tue	rbert E. Nutter-2022 W. Molton Ive. DATE



FOR STATE

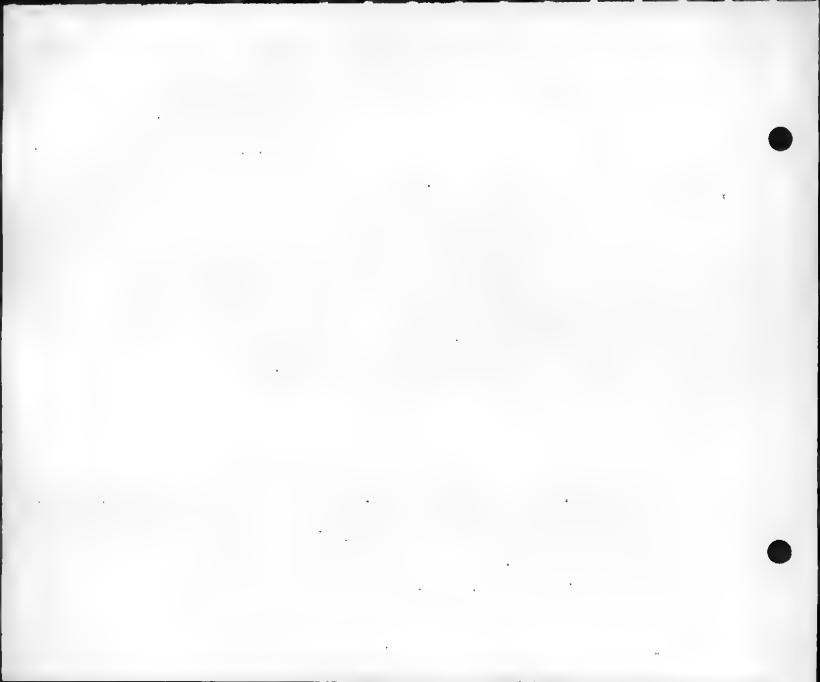
cessary, e funeral may be partment or death. THE INTER. This mertificate stand be exemited mithin 24 hours after death, if any delay

5 10	15.0
5 90	0.29
TO DEPUTY ME: Fire [NER: This mertificate s muld be exempted mithin 24 mours after denth. If any melay please execut. The certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 retained for your files.	TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Dep of Health or its designated agent, mior to burial, cremation, or removal, and in any eyent with 72 hours affec
2, 3 3, 3 3, 3 3, 3 3, 3 3, 3	the 72 1
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VR AISME (5) 5M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

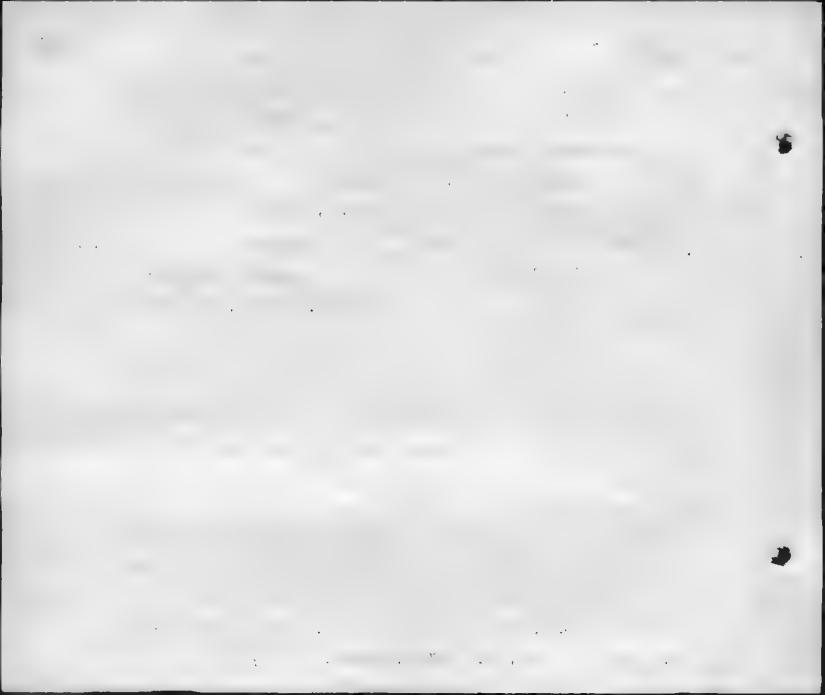
	01746	IV.	EDICAL	EXAMINE	R'S	CERTIFICATE	OF DEATH		01696	
1.	PLACE OF DEATI	Н		<i>M=#3=F12M</i>	711)		E (Where deceased lived, If Ins	titution: Re	sidence before admission)	
	An	ne Arundel		MARY	LAND	a. STATE Maryland b. COUNTY Anne Arunde:				
	b. CITY OR TOW	N (If outside corpora	ite limits,	c. LENGTH DF STAY			outside corporate limits, wri			
		and give nearest to ne Haven	(n)		1	Vei	nice on Bay, Pa	asader	na "/	
	d. NAME OF HOS	SPITAL OR INSTITUTI	ON (If not in ho	spital, give street e	ddress)	d. STREET ADDRESS			e. IS RESIDENCE	
-		lton Road					. 11, Box 128A		ON A FARM?	
3.	NAME OF DECEASED		Irst		lcCan		4. DATE Found Month		Day Yeer	
-	(Type or print)	EDW		J.	M	CANNS, Jr.	DEATH Februa		10 19 66	
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE					YEAR IFUNDER 24 HRS. Days Hours Min.	
	Male	White	WIDOWED	DIVORCE	'LII'	11-4-06	59 yrs.	MOHUE	pays Hours will.	
10 du	a. USUAL OCCUPAT	ION (Give kind of working life, even if retire	done 10b. Kr	ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (SI	ate or foreign country)		IZEN OF WHAT	
	Plunde					MD.			sa_	
13	FATHER'S NAM	E				14. MOTHER'S MAID	EN NAME			
	Edua	of J.				mildred	Constante	-		
1	. WAS DECEASED	EVER WU.S. ARMED F	ORCES7 16. S	OCIAL SECURITY NO	. 17.	INFORMANT	Addres	13		
1	140	(11 3es file war of dufes	JI RETTIVE)							
-		DEATH [Enter only or	re ceuse per lir	ne for (a), (b), and (c).]			1	INTERVAL BETWEEN	
	PART I. DE	ATH WAS CAUSED BY IMMEDIATE CAUSE	Esar	guination					ONSET AND DEATH	
	1111	V [*]	• • • • • • • • • • • • • • • • • • • •							
	Conditions, if	DOL	(b) mult	iple lace	ratio	ns of forea	ırms			
	gave rise to	De l'am	(-, -							
	cause (a), si underlying caus	raring file	(c)							
Š	PART II. OTHER S	IGNIFICANT CONDITI		TING TO DEATH BUT N	OT RELAT	ED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN I	PART 1(a)	19. WAS AUTOPSY	
SATI									PERFORMED?	
MEDICAL CERTIFICATION	20a. EXTERNAL	CAUSE WAS	20b. D	ESCRIBE HOW INJUI	RY OCCUP	RED. (Enter nature of	Injury In Part 1 or Part 11 of	f Item 18.)		
E	CAUSE OF DEAT	CAUSE WAS CONTRIBUTING	SI	ashed for	earms	with razor	blade.			
JAL (INJURY Month, Day,	4	JURY OCCURRED [2	De. PLAC	E DE INJURY (Home, fa.	rm. 2Df. (City or town)	(Coun	ity) (State)	
E	Hour XX	2/9	66 While at work	Not While A	Stre	y, street, office bldg., et et = auto	Stone Haven	A.A	. Md.	
2		that I took charg					Inspection x, Inqui		and in my opinion	
	death result		I causes .	Accident .		ide 🖾. Homicio		·		
	godin roson		- G80303	/ rigoraciii	0416	CHIEF MEDICAL		memor [
	ACTUAL SIGNATURE	() has	les S 1	eller			ICAL EXAMINER		22. DATE SIGNED	
				1		DEPUTY MEDICA	- Carrel		2/10/66	
	EXAMINER'S NAME (Type)	Charles	S. Pet	ty, M.D.		Address (Street	, city, town, or county)		2/10/00	
23	a. BURIAL, CREM	ATION, 23b. DATE	THEREOF	23c. NAME OF CE	METERY		23d. LOCATION (City, to	wn or cour	ity) (State)	
	REMOVAL (Spe	A-1	1-66	Jorraes	e C	e m	Buldo Hal			
2	FUNERAL DIRE	CTOR D	1200-	ADDRESS			D BY REGISTRAR 25b. RE	EGISTRAR'S	SIGNATURE	
	McCell	77. N. 0	13.1VW	spore as	e po	DAFEE	14 1966	tiarle	Judge	



TO HOSPITAL OR ALTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after death. Page 4 (2) be retained by the hospital or attending physician.

TO FUNERAL SIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4)

DIVISION OF STAT	ISTICAL RESEARC	CH AND RECORD	s, 301 W. P	RESTON STREET	r, BALTIMORE 1	, MARYLAND
01743		CERTIFICA	TE OF DI	EATH		01697
PLACE OF DEATH COUNTY Anne Anne Anne Anne Anne Anne Anne	rundal	sun.	2. USUAL RI •. STATE	Maryland	b, COUNTY	ne Arundel
b. CITY OR TOWN (if oviside co	rporate limits, c	MARYLAND LENGTH OF STAY IN 16	c. CITY OR	~ ~ .	Affair **	L and give neerest town)
d NAME OF HOSPITAL OR INS	Decenie TITUTION (If not in hospite	, g ve street eddress)	d STREET A	Linshicum DORESS	Heights	IS RESIDENCE ON A FARM?
North Aru	ndel Hospital	1		633 Gayle	Drive	YES NO
3. NAME OF DECEASED	First	M dd e	Lest	4. DATE	Month	Day Year
499 5 10	LIZABETH	T.	MEISER	DEATH	February	19 19 66
5. SEX 6 COLOR	R OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9	AGE (In years IF UND last birthday) Month	DER 1 YEAR IF UNDER 24 HRS.
	hite www.	DIVORCED	Aug. 4,	1895	70 yrs.	1
10a. USUAL OCCUPATION (Give la done during most of working life, e	end of work 10b KIND ven il retired)	OF BUSINESS OR INDUST	RY , 11, BIRTHPLA	CE (County & State, or	loreign country) 12	CITIZEN OF WHAT COUNTRY?
Housewife 13. FATHER'S NAME	- Ov	vn Home	14. MOTHER'S	Maryland		U.S.A.
Juli	us Thome			Barbara	(unknown)	
15. WAS DECEASED EVER IN U.S. / (Yes, no, or unknown) (Hyesgivewe		CIAL SECURITY NO. 17.	INFORMANT		Address -	
	-		illiam M.	Meiser Jr.	633 Gayle	Drive-Linthicum
18. CAUSE OF DEATH Ent			_			ONSET AND DEATH
PART I DEATH WAS CAI	CAUSE (a)	Towary	Khro	wheris		i day
1 ,	DUE TO H +	erio - I cles	1 0	n . m . (4		
Conditions, if any, which "	(b)7	erio - V Cler	25	21020-0	e, cula	
(a), stating the underlying cause last.	DUE TO			dorian		·
PART I. OTHER SIGNIFICA	NT COND TIONS CONTRI	BUTING TO DEATH BUT N	OT RELATED TO TO	E TERMINAL D SEASE	CONDITION GIVEN IN	PART I(a) 19. WAS AUTOPSY PERFORMED?
Ĭ,						YES NO
PART 1. OTHER SIGNIFICA PART 1. OTHER SIGNIFICA 20a ACCIDENT WAS UNDERLE OR CONTRIBUTING CAUSE ULF EITHER, NOTIFY MEDICAL IF EITHER, NOTIFY MEDICAL	OF DEATH	BE HOW INJURY OCCURE	D. (Enter nature of	injury in Part I or Pert I	lalitem 18 j	
20s, TIME OF INJURY Mon	ith, Day, Year 2Dd. HVJU While 19 et work	URY OCCURRED 20e. PL	ACE OF INJURY (History, street, office I		y or town)	(County) (State)
21. I certify that (I) (f	his hospital) attended			. 3 (%		19.65., that (I) (we) last
saw the deceased alive	on . /	19° %, and Tha	if death occurre	ed at 6 PM, from	The causes and o	22b, DATE
Robert	Oako eing		ATTENDING	DIRECTOR	STAFF PHYS.	4 21, 1916, SIGNED
22c. PHYSICIAN'S NAME (Type) ROB.	ERT DABO	Lind, MI) 22d. ADDI		ne ge	en Berrais, Md
23a. BURIAL, CREMATION, 23b		BE, NAME OF CEMETERY			ATION (City, fown or c	
Burial Fe	b.22,1966	Dulaney Val	-		TRAR 256. REGISTRA	a 19 .
Wm.Cook-Brooks	Towson, Inc.	1050 York	Road ,	FEB 24 18	366 Jacon	ile Judge.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. funeral and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) Anne Arundel b. COUNTY by the fi MARYLAND Anne Arunde b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b c. CITY DR TDWN (If outside corporate limits, write RURAL end give nearest town) and completely filled in I remove carbon papers. P Edgewater Edgewater d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 24 Ponders Cove Ponders Cove NO D YES within 3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED MESSONEC 1966 EB. 3 (Type or print) 2 DEATH executed 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months Davs Hours I WIDOWED Pemal DIVORCED attending physician a ermit. Then please ri 10a. USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT þe during most of working life, even if retired) INDUSTRY COUNTRY? Nasa Washington Branch Sec 13. FATHER'S NAME death certificate MOTHER'S MAIDEN NAME Anthony Anselio 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT been signed by the attenthe burial-transit permit. It to burial, cremation, or i Panders Cove Miruland CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: O HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) スツリし DUE TO Conditions, if any, which (b) gave rise to immediate as the prior to DUE TO cause (a), stating has underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY FUNERAL DIRECTOR: After this certificate hirector, page 3 should be detached for use nould be filed with the State Dept. of Health p PERFORMED? YES NO [20a. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part | or Part || of Item 18.) MEDICAL TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 206, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While While p.m. at work at work 1965 21. I certify that (I) (this hospital) attended the deceased from that (I) (we'll last and that death occurred at 4120 saw the deceased alive on 1966 PM. from the causes and on the date stated above. 22a. SIGNATURE DATE SIGNED 22b. STAFF M.D. PHYS. DIRECTOR PHYS. PHYSICIAN 22c. director, p should be 22d. **ADDRESS** NAME (Type) DATE THEREOF 23a. BURIAL, CREMATION. 23b. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 2 REMOVAL (Specify) incoln 24. FUNERAL DIRECTOR Georgia VR A15 (4) whohrey. 15M 4-64





9. IS RESIDENCE ON A FARM?

1966

INTERVAL BETWEEN

ONSET AND DEATH

1 da

WAS AUTOPSY

NO X

(State)

(State)

PERFORMED?

9

12. CITIZEN OF WHAT

AS.

119.

(County)

22b. DATE SIGNED

MD.

Feb. 11 1966

YES T

19.66 that (I) (we) last

U.S.A.

NOX

VR AI5 (4) 1/65



1	DIVISION OF STATISTIC	MARYLAND STATE DE	PARTMENT OF HEA!	LTH EET, BALTIMORE 1, N	MARYLAND
# F07	01751	CERTIFICAT			01201
Fune fune	1. PLACE OF DEATH a. COUNTY Anne A	Prundel MARYLAND	2. USUAL RESIDENCE (Where a. STATE Mary)	deceased lived, It institution: Ranco COUNTY An	me Arundo
in by hours	b CITY OR TOWN (if outside corpora write RURAL and give nearest toy	the limits, C. LENGTH OF STAY IN 1h (n) 2	Sevena	Corporate limits, write RURAL	and give nearest town)
filled papers.	Crewns VII	le State Hospita	1 104 EV	vergreen h	ON A FARM? YES NO
uted within completely we carbon event, withi	DECEASER	rist Middle	Motle Co DE	L /	Day Year 1966
death certificate be executed within 24 the attending physician and completely filled permit. Then pease remove carbon paper ion, or removal, and in any event, within 72	5. SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED DIVORCED DIVORCED	10/13/1892	9. AGE (In years IF UNDER last birthday) 73 yrs.	Days Hours Min.
te be e	10a, USUAL OCCUPATION (Sive kind of work during most of working life, even if retire	done 10b. KIND OF BUSINESS OR INDUSTRY Bello Hand Co.	& Rich G//a	CC	DUNTRY?
certificate nding physical phy	James L.	Motley In	Emma	Leonar	L
e death certific the attending p it permit. Then nation, or remov	15. WAS DECEASED EVER IN U.S. ARMED FO (Yes, no. or unknown) (If yes give war or dates of	of service) 16. SOCIAL SECURITY NO. 17.	Hospital K	Records,	
	18. CAUSE OF DEATH Enter only on PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE	1: 1/2 L	anture.		INTERVAL BETWEEN ONSET AND DEATH
res th physic signe surial-l	Conditions, If any, which gave rise to immediate	(b) 238 Sep	Licema .		
as as a v	cause (a), stating the DUE underlying cause last.	(c) neun	nerija.		
The la or att or att cate h r use ealth p	FARTIC OTHER SIGNIFICANT CONDITION OF CONTRIBUTING CAUSE OF DEA	ONS CONTRIBUTING TO DEATH BUT NOT RELA	ITED TO THE TERMINAL DISEASE C	ONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
PHYSICIAN: The la the hospital or att this certificate h detached for use e Dept. of Health	201. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	20b. DESCRIBE HOW INJURY OCCU (TH NER)	RRED. (Enter nature of Injury in	Part I or Part II of Item 18	.)
PHYS the I this detail te De	20c. TIME OF INJURY Month, Day, Hour a.m. p.m. 19	Year 20d. INJURY OCCURRED 20e. PLA While Not While at work at work	GE OF INJURY (Home, farm, 201 ry, street, office bldg., etc.)	. (City or town) (Cou	inty) (State)
ATTENDING retained by CTOR: After Should be vith the Stai	21. 1 certify that (1) (this hos saw the deceased alive on	pital) attended the deceased from	12/2 Jan, 1966, t death occurred at 3:201M,	from the causes and on t	he date stated above.
DIRE Bed y	C Mun /	onifica M.E		STAFF -	ATE SIGNED 2/16/66 -
O HOSPITAL Page 4 may O FUNERAL director, pag	NAME (Type) AIVIN	Thompson.	22d. ADDRESS	wille Star	le Hosp.
TO HOS Page TO FUN direct should	Mayal (Specify) 2-19	THEREOF 23c. NAME OF CEMETERY	aplis Church	LOCATION (City, town or co	any la.
VR A15 (4)	Solver & Banan	co, Severna Pails	DATE B 2 1	1956 Acharle	'S SIGNATURE
20M 1/65					7 **



MARYLAND STATE DEPARTMENT OF HEALTH

-PHISIPN OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND



のまりてう

CERTIFICATE OF DEATH

	01100	OEK III IOA	IL OI DEATH		() () () ()
i Pi	LACE OF BEATH COUNTY AND Arundel	MARYLAND	2. USUAL RESIDENCE (Where deceased lived	If institution Residence	perfore admission)/
Ь	CITY OF TOWN (If autside corporate limits, write RURA) and give nearest town)	c length of stay in 16	c. CITY OR/TOWN (If outside corporate lim	PULVA	e nearest town)
ď	NAME OF HOSPITAL (If not in hospital, give re-	110.120	At IL BOX 156.		e 15 RESIDENCE ON A FARM? YES NO
D	AME OF First Processed (See Section 1)	Martin /	MURRAY. 4. DATE OF DEATH	eprudry	7 1966
5 58		RRIED NEVER MARRIED DIVORCED DIVORCED	Sett 1 9, 1876 9. AGE	(n years if UNDER 1 Y Months Do	YEAR IF UNDER 24 HRS
		senced Farm.	//214/2rd	12 CITIZE	NOF WHAT COUNTRY?
13. F	Nathan MUR	RAY	14 MOTHER'S MAIDEN NAME		
15 V (Yes.		6. SOCIAL SECURITY NO 17. II	HACES MUTTEY (Wife) HI Box	156, Annapali
	18 CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Vine for (0), 1(b), and (c).]	and Inanition		INTERVAL BETWEEN ONSET AND DEATH
	Canditians, if any, which) (b)	iere bral TI	rombosis		16 years
	gave rise to immediate couse (a), stating the under-tying couse lost	rteriosclerati	e Cardiovascular	l) sease.	
CATION	Ikcubitus	S CONTRICTING TO DEATH BUT	FNOT RELATED TO THE TERMINAL DISEASE CONT	ITION GIVEN IN PART I	(D) 19. WAS AUTOPSY PERFORMED?
L CERTIFI	20a. ACCIDENT WAS UNDERLYING (20b. D OR CONTRIBUTING (2005 OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I ar Part II of i	em 1B.)	
MEDICA	Hour o.m. Whi	i i i i i i i i i i i i i i i i i i i	ACE OF INJURY (Hame, form, 20f (City or tow ctary, street, affice bldg., etc.)	n) (Cou	onty) (State)
	21 I certify that (I) (this haspital) atte		death occurred at 55 M, from the co		, that (I) (we) last
l }-	220 SIGNATURE, EM HTWA	Mach	ATTENDING MED STA	FF	2/4/14/6
	22c PHYSICIAN'S NAME (Type) LTONET MEH	mry Mapp, 11:). 22d ADDRED PEAN STACE	+ Annag	olis Md.
23a.	BUR AL CREMATION 236 DATE THEREOF	Broadnes	K-Math, Church -	A, A, Co.	MISTORY
24 F	TUNERA DIRECTOR'S SIGNATURE	ADDRESS /	250 REC'D BY REGISTRAR	25b REGISTRAR'S S GN	IATURE

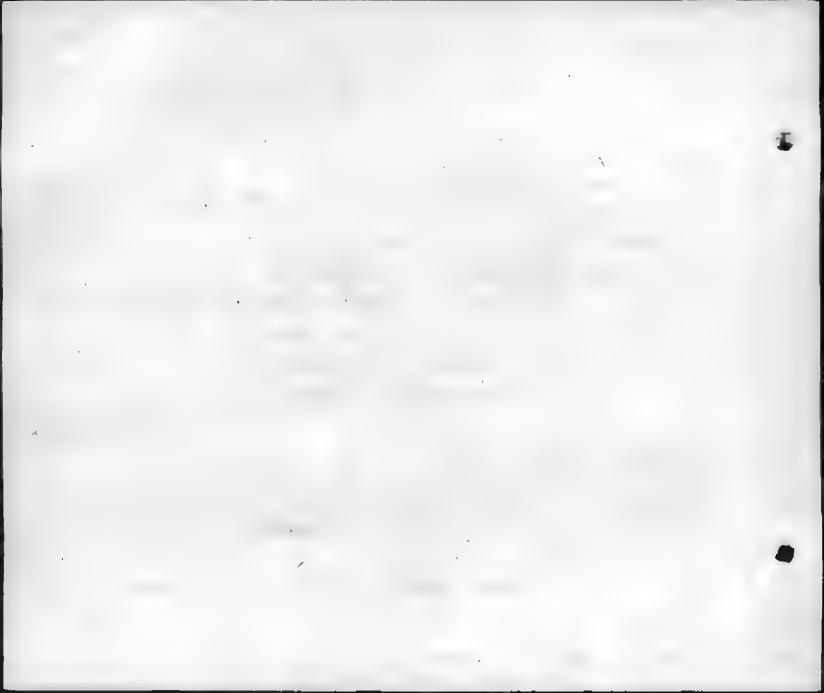
25g REC'D BY REGISTRAR DATE- B 1 0 196

1966

in by the funeral director, and 2 should be filed with TO HOSPITAL OR "TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haumay be revained. **Le haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours affacted. VR A15 (4) 1SM 9/59

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours



1,

3.

5.

13.

CERTIFICATION

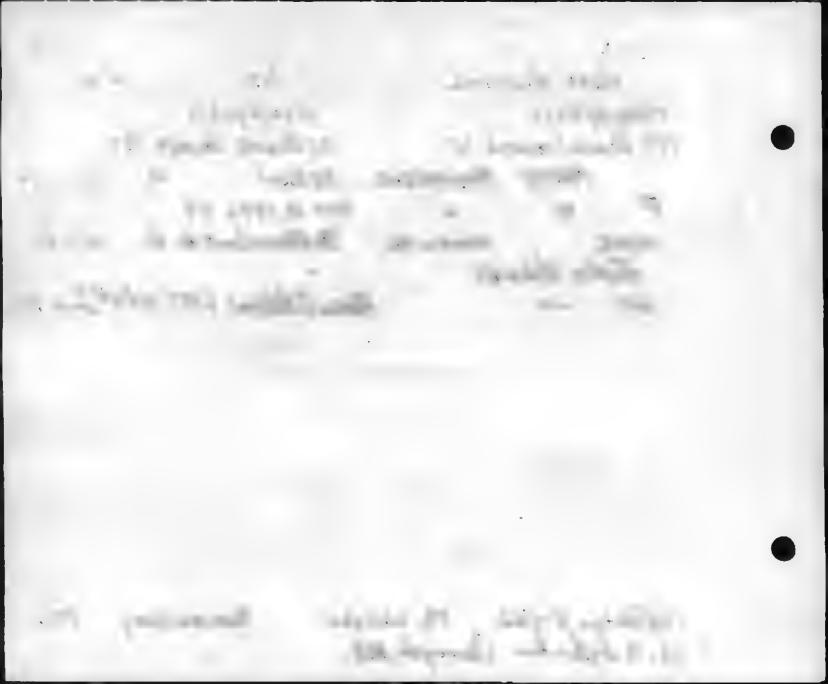
MEDICAL

ADDRESS

REC'D BY REGISTRAR 966

REGISTRAR'S SIGNATURE 25b.

VR A15 (4)



415 DORIS AVE. INTERVAL BETWEEN ONSET AND DEATH WAS AUTOPSY 19. PERFORMED? NO [YES 20f. (City or town) (County) (State) 196-Cathat (I) (we) last M. from the causes and on the date stated above. LOCATION (City, town or county) (State) ANNE ARUNDEL CO. 25b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 2007 EASTERN AVE. MD.21231

194

e. IS RESIDENCE ON A FARM? NO E

Year

IF UNDER 24 HRS

19

Hours

YES

Day

12. CITIZEN OF WHAT COUNTRY?

VR A15 (4) 20M 1/65 24.

FIALKOWSKI



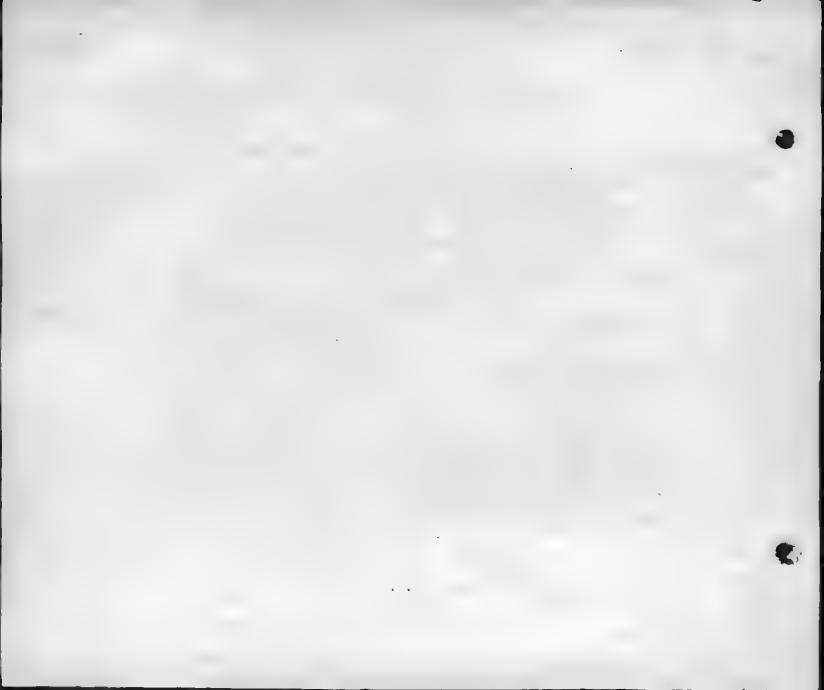
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

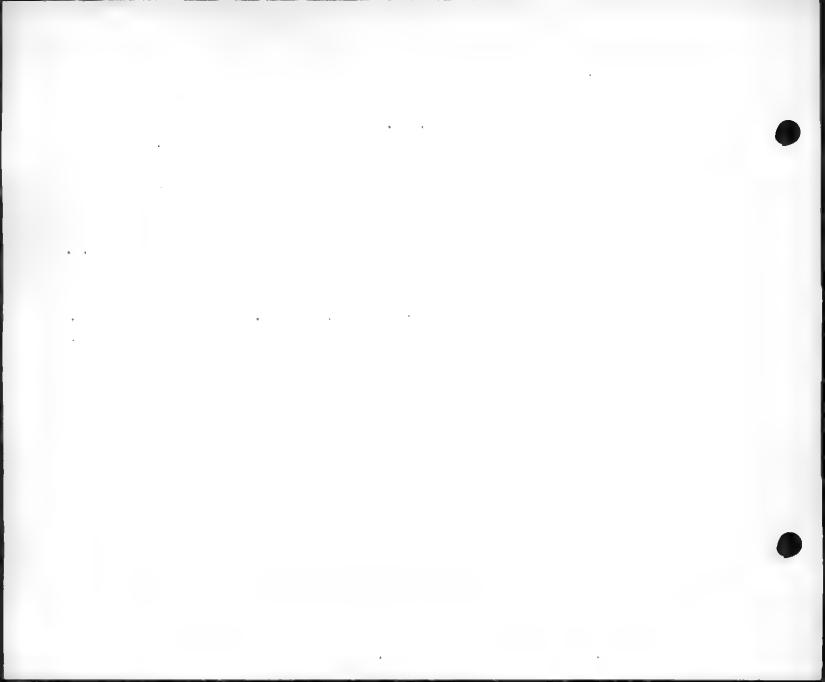
1 7	PLACE OF DEATH				- 11	o House Occupation	NE CIANTO A TORREST		tudiana Da	(A
1	a. COUNTY					- CTATE		P CUITAL Defilited It (427)	wuoni nei Y	sidence before admission)
		Anne Arv		MARY	LANO	Mary	rland	J. COUNT	Anne	Arundel
	b. CITY OR TOWN	N (If outside corpora and give nearest tow	te limits,	C. LENGTH OF STAT		c. CITY OR TOWN (IF	outside corpo			nd give nearest town)
	Ann:	and give nearest tow	in)		- 1	Anna	apolis			1
-	d. NAME OF HOS	PITAL OR INSTITUTIO	ON (if not in he	spital, give street a	ddress)	d. STREET ADORESS	Porra			e. IS RESIDENCE
,							. A. T C.			ON A FARM?
11-		iel General		***************************************		732 Rose				YES NO X
3	. NAME DF DECEASED	Fi	rst	Middle		Last	4. DATE	Month		Oay Year
	(Type or print)	Mari		Elizabet	h	ORME	DEATH	Februar	c.y	3 19 66
5	. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	0 8	OATE OF BIRTH	9.	AGE (In years II	UNDER 1	YEAR IF UNDER 24 HRS.
	Female	White	WIOOWED		D A	ug. 11, 188	33	last birthday) N	ionths C	Days Hours Min.
1	Da. USUAL OCCUPAT	ION (Give kind of work	done 10b. KI	ND OF BUSINESS OF		11. BIRTHPLACE (CO			12. CIT	IZEN OF WHAT
d	uring most of workl	ng life, even If retire	d) IN	IDU S TRY			Panner	lvania	COL	INTRYT
1	3. FATHER'S NAM			40ME		14. MOTHER'S MAIO		TAGITTE	1	-
1	o. Indica dam	1.4					. 4			
_		UNK					INK			
1	15. WAS DECEASED E	VER IN U.S. ARMED FO (If yes give war or dates o	RCES? 16.	SOCIAL SECURITY NO	17.	INFORMANT	,	Address	-	
1,	NO	1.1.2.1.2 iii. ii m m mates e			1/1/	LLIDM ()	10 F L	4	2-	
-	18. CAUSE DE	DEATH EEnter only on	e cause per li	ne for (a), (b), and (2).]					INTERVAL BETWEEN
		ATH WAS CAUSED BY	: 10	REER		THEON				ONSET AND DEATH
		IMMEDIATE CAUSE	(a)	TEX.	16	174.01775	05/5			1 12/2/5
		√ OUE	TO							
	Conditions, If a		(b)							
	cause (a), st		T0							
	underlying caus		(c)							
200	PART II. OTHERS	IGNIFICANT CONDITION	ONS CONTRIBU	TING TO DEATH BUT!	NOTRELAT	EO TO THE TERMINAL D	DISEASE CON O	TION GIVEN IN PA	ART 1(a)	19. WAS AUTOPSY PERFORMED?
CERTIFICATION										YES NO W
THE L	2Da. ACCIDENT	WAS UNDERLYING	2Db. 0	ESCRIBE HOW INJU	RY OCCUP	REO. (Enter nature of	injury in Pari	l or Part II of	Item 18.)	
E C	OR CONTRIBUTE	NG CAUSE OF DEA	TH NER)			•				
- 1			1	INDV COMPRES	nna DI An	C OF INTERVALACE A	206 /0	Itu ar taum)	£0.000	tv) (State)
MEDICAL	Hour a.m	NJURY Month, Day,	While			E OF INJURY (Home, fa y, street, office bldg., e		Ity or town)	(Coun	ty) (State)
ME	p.n		at work	Not While at work						
	21, 1 certification	that (1) this best	oital) attende	d the deceased f	rom 🔑	PPIL 1	957 to	Feb 2	. 19_6	h, that (I) (voc) last
		eased alive on	Feb. 3	19 66	ind that	death occurred at				e date stated above.
	22a. SIGNATUR		11/	11)		5:4				TE SIGNED
	1	711106	1.47	Dark	M.O.	ATTENDING KI	MED. DIRECTOR	STAFF PHYS.	2/=	3/66
	22c. PHYSICIA	NSUATA	Beck	July 1	M.O.	1 22d. AODRESS	OINEGION _	FILS. L.	1	
	NAME (Ty	pe) Edward S		M.D.		73 Frankl	in St.	Annapo	lis.	Md.
-	BURIAL, CREM		THEREOF		EMETERY	OR CREMATORY		ATION (City, tow		
1	REMOVAL (Spe	clist 9	/ /	THE OF C	LIGHT	CR CREMATORT	1/1	11 12 11	m 2 2 5	Ma
	DURIAL		24	Untly	THU	EN	C'D BY REGIST	U DUR	NIC	SIGNATURE
1	4. FONERAL DIRE	CION /		ADORESS	11 1	25a. REC		Qual.		45
X	thy M dos	Ton T sous	Un	uapole.	114.	DATES	7 196	6 filla	rles	udge

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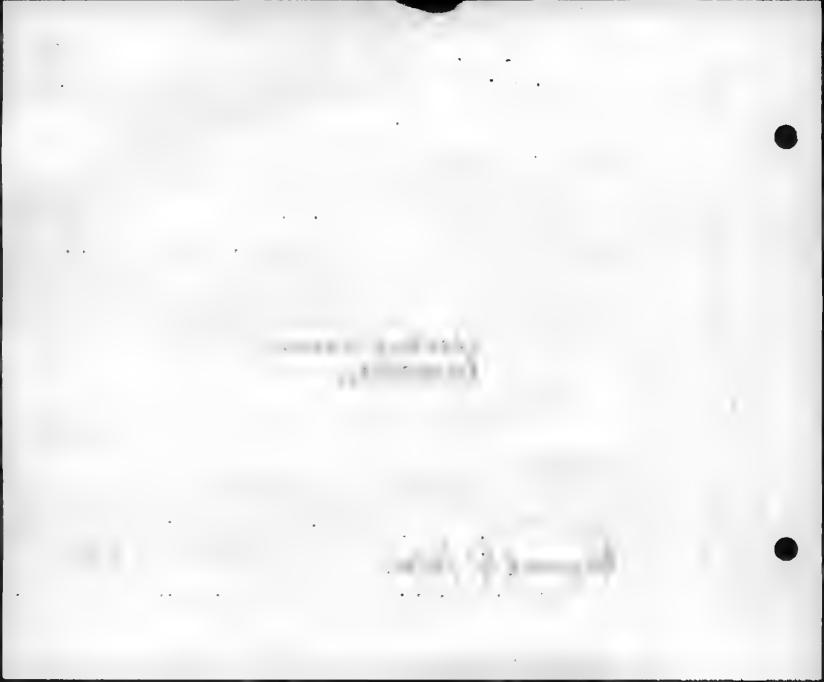
/ 1_	Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	09757 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT,	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before edmission)
, 8 % E	ANNE ARUNDEL MARYLAND MARYLAND MARYLAND MARYLAND
file file Hea	b. C.TY OR TOWN (if outside corporate limits, LENGTH OF STAY IN 1b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)
r ned your d of	HNNA POLIS EDGEWATER
for your	d. NAME OF HOSPITAL OR INSTITUT ON LIFT not in hospital, give street eddress) d. STREET ADDRESS MILL SWAMP RD, e. IS RESIDENCE ON A FARM?
ned are B	Route 50 Minddy Greak Rd. YES NO
the further fu	3. NAME OF First Middle Lest 4. DATE Month Dey Yeer DECEASED OF
# 5 8 E	DECEASED (Type of print) ROBERT WAYNE PAYSEUR PAYSEUR S SEX 16. COLOR OR RACE 7 MARRIED MARRIED NEVER MARRIED S. DATE OF BIRTH 19. AGE (In yeers If JNDER I YEAR) IF UNDER 24 HRS.
d de si	5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers IF JNDER 1 YEAR IF UNDER 24 HRS.) 19
ffer 2, ar 5 and 2 hogh	1De. USUAL OCCUPAT ON (Give kind of work 10b. KIND OF BUS NESS OR INDUSTRY 11. & RTHPLACE (Stelle or fore.gn country) 12. CITIZEN OF WHAT COUNTRY?
irs a ls 1, lage 1 ar	done dering most of working life, even if refired) CONSTRUCTION ADVAPOLIS MD. U.S. A.
Page 13. F	13 FATHER'S NAME
PN F	ODELL J. PAYSEUR BERTHA H. HENDRICKS
8. Gin form it. File	15 WAS DECEASED EVER IN J.S. ARMED FORCES 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unkown) (Ifyesgivewerordelesofservice) 16. SOCIAL SECURITY NO. 17 INFORMANT
ted v mith with serni	KIY 38 1737 HUN L. TAYSEUR.
in the part of the	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I, DEATH WAS CAUSED BY:
and and	MMEDIATE CAUSE (6) Multiple traumatic injuries
Ild b	Southing Many which and
should be on the order	Gonditions, if eny, which (b) geve rise to immediate couse DUE TO
ate iner d as or r	(e), stating the underlying Court (c)
"per "per xam used ion,	PART II. OTHER S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,61 19. WAS AUTOPSY PERFORMED?
ord Sal E	Acute alcoholism
Aedie 7	20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of nam 1B.) PRIMARY M or CONTRIBUTING CAUSE OF DEATH.
fing the prief A sief A strial burial	CAUSE OF DEATH. Pedestrian struck by auto County Co
S S S S S S S S S S S S S S S S S S S	Hour e.m. While Not While Pectory, street, orace ology, etc.)
cate, to the OR: P	1:30 xxx 2-5-66 of work of work road Route 50 Anne Arundel 21. I certify that I took charge of the remains described above, held an Autopsy X Inspection Inquiry and in my opinion
	death resulted from: Datural causes . Accident . Suicide . Homicide . Undetermined manner
CA.	CHIEF MEDICAL EXAMINER
= > PC	ACTUAL SIGNATURE M. D. ASSISTANT MEDICAL EXAM NER EX DATE SIGNED
S. S. S. C.	DEPUTY MEDICAL EXAMINER 72-5-66
DEPUT	EXAMINER'S Rudiger Breitenecker, M. D. Address (Street, city, town, or county) 226. BURIAL CREMATION, 226. DATE THEREOF 220 NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete)
	REMOVAL (Specify)
6.g.40 g	23. FUNERAL DIRECTOR ADDRESS
VS. A15ME 5M 7/59	JOHN M. TAYLOR. SON3 ANNAPOLIS Mp. SEEB 10 1966 Clarles Judge
B	The state of the s





MANICAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01709 CERTIFICATE OF DEATH 01759 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and

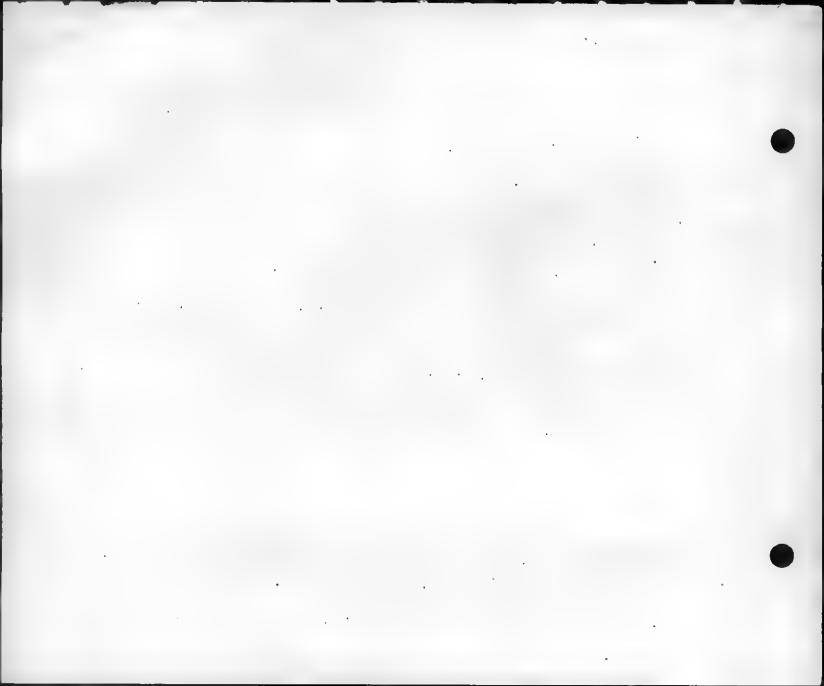
Ogging of	1 PLACE OF DEATH			2. USUAL RESIDENCE (When	e deceased lived, if institution.	Residence before admission)
S .	a. COUNTY	Anne Arun	del MARYLAND	o. STATE Maryla	nd b COUNTY	Anne Arundel
y the fu Poges 1 urs after	b CITY OR TOWN	(If autside corparate imits,	c LENGTH OF STAY IN 1b	c CITY OR TOWN (If outside	e carporate limits, write RURAL	and give nearest fawn)
Po US	Ann	nd give nearest town)	16 hrs.	Arnold		- 1
4 5 of			hospital, give street address)	d STREET ADDRESS		e IS RESIDENCE
nd completely filled in by themove corbon popers. Pool ony event, within 72 hours		ndel General		R.2-BO	467	ON A FARM? YES NO
£ = #	3 NAME OF	First	/ Middle	Lost 4	DATE Month	Day Year
completely ove corbon y event, wi	(Type or print)		3alus	PORTER	OF DEATH Februar	
eve c	S SEX	6 COLOR OR RACE 7	MARRIED NEVER MARRIED	8 DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS
remove n ony eve	Female	Negro	WIDOWED DIVORCED	Feb. 26, 1966	Yrs.	16 35
non n		ON (Give kind of work done	106 KIND OF BUSINESS OR	11 BIRTHPLACE (County & Sto	ote, or fareign country)	12 CITIZEN OF WHAT
	during most of working		INDUSTRY	Anne Arundel	Maryland	COUNTRY?
<u> </u>	13. FATHER'S NAME	born	1	14, MOTHER'S MAIDEN NAME		
offending physic permit. Then of ion, or removed	attons	ina D	Arten.	REDNAN	21 171	24/12
ling rem		YER IN U.S. AKMED FORCES?	16 SOCIAL SECURITY NO	7. INFORMANT	Address	200
signed by the offending ph signed by the offending ph buriol, cremotion, or remov	(Yes, no, or unknown) ((If yes give wor ar dates af se	ervice)	nougeoch	E. TRIZBOLO	167 airiates.
he o		DEATH (Enter only one cause ATH WAS CAUSED BY	per line for (o), (b), and (c))			INTERVAL BETWEEN ONSET AND DEATH
by the ronsit cremot	~ / .	IMMEDIATE CAUSE (a)	PAR DAW	amoria		Suda
원부는	162	S DUE TO	0.0 4.4			10 310 7
signed buriol- buriol,	Canditions, if a		MATURA	14		17
	nse to immedi stating the uni					
as been os the prior to	last.) (c)				
use os	PART II, OTHER	SIGNIFICANT CONDITIONS CON	RIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CONDITI	ON GIVEN IN PART 1(0)	19. WAS ALTOPSY PERFORMED? YES NO
certificate hed for u		AS UNDERLYING []	205 DESCRIBE HOW INJURY OCCURR	RED. (Enter noture of injury in Port	Lor Port II of item 18)	
E p to		FY MEDICAL EXAMINER				
a di ti	= (11 chilete, 110 h	HURY Month, Day, Year	20d INJURY OCCURRED 20e	PLACE OF INJURY (Home, form,	20f. (City or town)	(Caunty) (Stote)
the Degraded	Hour (o.m.	While Mot While	factory, street, office blog , etc)		, , ,
fter fot	1 1	Patris	otwork U otwork U	7	/ 1 E-1 007	1024 11-1/11/1991
A P 9		deveased alive an Fe	attended the deceased fran	that death accurred at		_, 19 <u>66</u> , that (I) (374) last id an the date stated above.
2 85	220 SIGNATIF	RE /	(M)	7:3		22b DATE SIGNED
DIRECTOR ge 3 shou led with th	1 15	DE STANDARD	1 /m=		ECTOR PHYS	228-6
	22c. PHYSICA		91/0	22d ADDRESS		
FUNERAL irector, po hould be f	NAME (Ty	Raymond P.	Srsic, M.D.	48 Balto-An	na. Blvd., Se	verna Park, Md.
E SE	230 BURIAL, CREMA	TION, 236 DATE THERE	OF 23c. NAME OF CEMETERY	OR CREMATORY	23d LOCATION (City or Town	(County)) (Stote)
O FUNERAL DIRE	REMOVAL (Spec	1 25-10	166 hit-las	100 11h	(1121 K	11/1/6
200	24. FUNERAL DIREC	TOR	ADDRESS	2 Pl 2So. REC'D BY	REGISTRAR 25b REGIS	STRAR'S SIGNATURE
VR A15 (4)	11/1/60	an ROOM	# (/11/1/	Cell GDATE MAR		Marley Judge
zv in ithis	WALLEY A.	686 81 N S. KASK	Mi (1.7.171/16	STATE AND ALL TAILED	T IOOO 1-	- Call Market





DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death, and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If instribution: Residence before admission) a. COUNTY the). a. STATE b. COUNTY MARYLAND Pages b. CITY DR TDWN (if outside corporate limits, C. LENGTH DF STAY IN 1b c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 24 hours .= in any event, within 72 h d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) filled d. STREET ADORESS e. IS RESIDENCE DN A FARM? NO X YES within etely NAME DE First Middle Last 4. DATE Month Day Year DECEASED DF (Type or print) сошрі DEATH 19 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNOER 1 YEAR | IF UNDER 24 HRS 7. MARRIEO NEVER MARRIEO last birthday) Months | Days Hours and WIDOWED J DIVORCED [∃ yrs. 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BISTHPLACE (County & State, or foreign country) lease and in ng most of working life, even-(f retired) INDUSTRY **COUNTRY?** Haker 7 removal, EATHER'S NAME MOTHER'S MAIDEN NAME attending 15/WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. INFORMANT Address the attend Ь (Yes, no, or unkown) (If yes give war or dates of service) cremation, 18. CAUSE DF DEATH [Enter only one cause per line for (a) (b), and (c). INTERVAL BETWEEN been signed by the burial-transit or to burial, crems ONSET AND DEATH PART I. DEATH WAS CAUSED BY: or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate has been as the l DUE TD cause (a), stating the underlying cause last. CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CISEASE CONDITION GIVEN IN PART 1(a) arter this certificate he detached for use state Dept. of Health n for use Health PERFORMED? YES NO F the hospital 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) DR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bidg., etc.) Hour a.m. While Not While at work p.m. at work W D retained 1966 21. I certify that (I) (this hospital) attended the deceased from age 3 should lied with the and that death occurred at M. from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE pe ATTENOING PHYS. page STAFF PHYS. DIRECTOR M.D. 4 may HOSPITAL PHYSICIAN'S 22d. **ADDRESS** TO FULLERAL director, p should be f 22c. NAME (Type) Page NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF 23c 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) REGISTRAR'S SIGNATURE **FUNERAL DIRECTOR** REC'D BY REGISTRAR 25b, VR A15 (4) 1/65

MARYLAND STATE DEPARTMENT OF HEALTH



. . .

funeral y the nd 2 and 2 seath. papers. Fa completely and cor physician ᇟ certificate has been signer use as the burial-transit prior to burial, crammion, After this ce DIRECTOR.
3 should be de

CERTIFICATION

24 JUNERAL DIRECTOR'S SIGNATURE

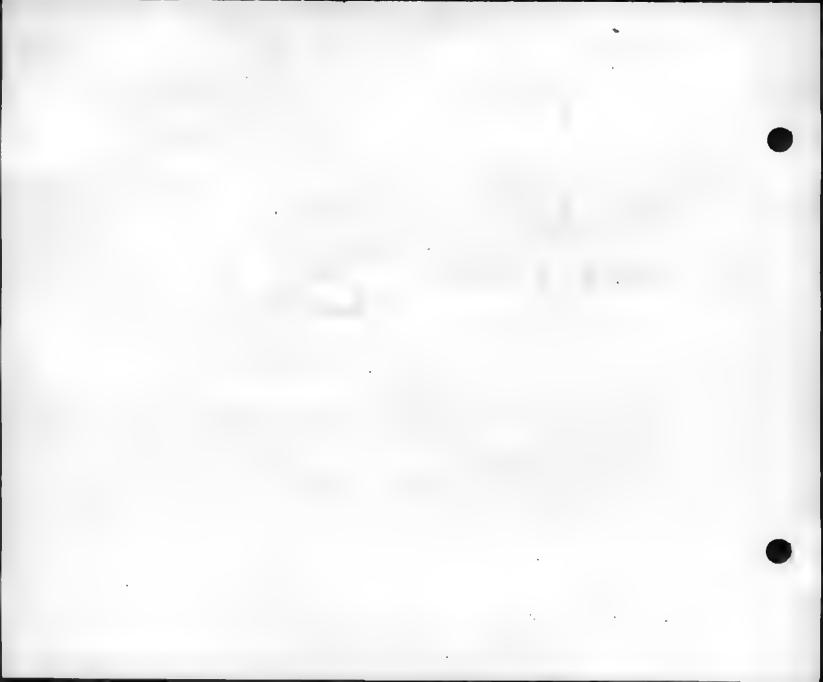
DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECO ESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased I ved, If institution: Residence before admission e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate I mits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) write RURAL and give nearest town) nadus/de d. NAME OF HOSPITAL OR INSTITUTION (it not in hospitel, give street eddress e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO 3. NAME OF 4. DATE Month DECEASED OF (Type or print) DEATH 1966 tebruary AGE (In yeers | IF UNDER I YEAR! IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRT 7. MARRIED THEYER MARRIED T lest birthdey) Months Deys Hours WIDOWED X remale 1Da. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 1Db. KIND OF BUS NESS OR INDUSTRY done during most of working life, even if retired) 13. FATHER'S NAME 10. Shible 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgive were rdetes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]. INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) 1200 gove rise to immediate couse **DUE TO** (e), stelling the underlying causa lest. PART F. OTHER SIGNIFICANT COMPITIONS CONTRIGHT NO TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)) 19. WAS AUTOPSY PERFORMED 2Ds. ACCIDENT WAS UNDERLYING [] | 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert Lor Pert II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yaer 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm. 2Df. (City or town) (County) (State) factory, street, office bldg., atc.) While _ Not While Hour a.m. at work at work 21. | certify that (I) (this hospital) attended the deceased from A 문, that (I) (ᠬe) last 1966, and that death occurred at 10PM, from the causes and on the date stated above saw fhe deceased alive on... 22b DATE 22e. SIGNATURE ATTENDING STAFF SIGNED DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c, PHYSICIAN'S laryland 23c, NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, to (State) 236. BURIAL, CREMATION, 23b.

. 25b. REGISTRAR'S SIGNATURE

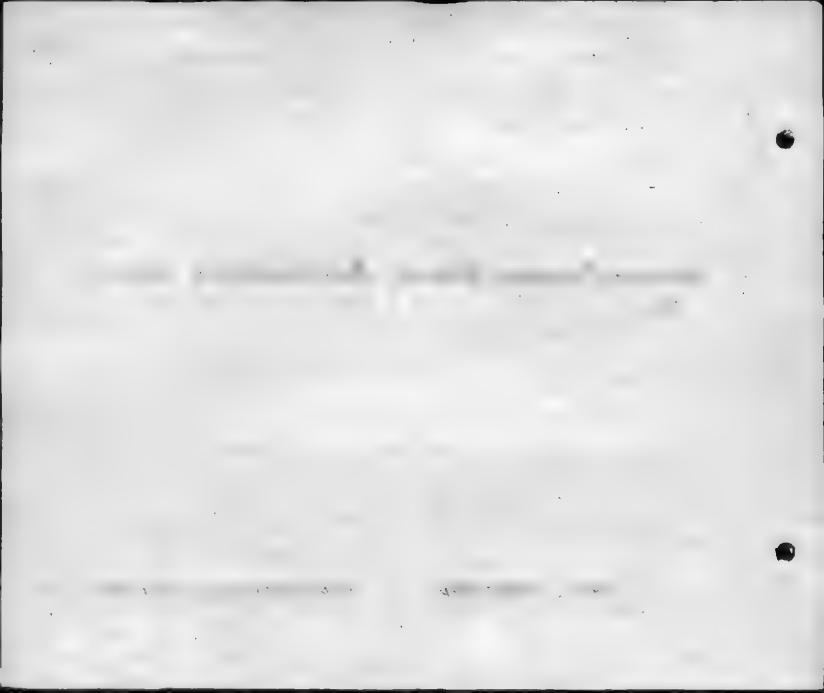
death. Page 4
TO FUNERAL
director, page VR A15 (4) 15M 9/60



15M 4-64



RYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND SION OF STATISTICAL RESEARCH CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give OR INSTITUTION (if not in hospite), give street eddress) a. IS RESIDENCE ON A FARM? YES NO NAME OF DATE Dey Year Month DECEASED OF DEATH (Type or print) 19 carbon AGE (In years | IF UNDER 1 YEAR 5. SEX IF UNDER 24 HRS. ast birthday) WIDOWED S DIVORCED . 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) HRD#ESSOR DN 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yas, no, or unkown) | (Hyesgivewerordetesolservice) 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 10 IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gava rise to immediate ceuse DUE TO (a), stating the underlying cause fest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO X 20. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury 'n Part I or Part II of item 18.) OR CONTRIBUTING TI CAUSE OF DEATH IIF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 201. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Yeer fectory, street, office bldg., etc.) Not While While Hour a.m. at work 21. I certify that (I) (this hospital) attended the deceased from Courses 1945, to 54-5, 19.66, that (I) (we) last M, from the causes and on the date stated above. , 19.6 ..., and that death occurred at saw the deceased alive on... 22b. DATE 22a. SIGNATURE ATTENDING GNED DIRECTOR PHYS. PHYS. 1966. death. Page 4 O FUNERAL 22d. ADDRESS 22c. PHYSICIAN NAME (T) NAME OF CEMETERY OR CREMATORY **10CATION** O 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 7-62



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Them #7 Film #4 F

	01766	- ben	., 1	CERTIFI	CATE	OF DEATH			0	1716	
ļ	PLACE OF DEATH					2 USUAL RESIDENCE (Where decease			before odmiss	10n)
L	D. COUNTY	Anne A	rundel	MARYL	AND	o. STATE	vland	b. COUN		Arunde	1
	b CITY OR TOWN (if outside corporate limits, c LENGTH OF STAY IN 1b					c CITY OR FOWN (If or		limits, write RUR			
	write RURAL and give neorest town) Annapolis					Ann	apolis			4 9	1
	d NAME OF HOSPIT	AL OR INSTITUTION (If not	in hospital, give	street oddress)		d STREET ADDRESS	•			e IS RES	IDENCE FARM?
		del General	Hospita	1		1206 Wes	t St.,			YES 🗌	
3	NAME OF DECEASED (Type or print)	Nettie Facs	t	Middle Cornelia		SCIBLE	4 DATE OF DEATH	Februa	uy	14 19	
S	SEX		7 MARRIED	NEVER MARRIED	□ 8	DATE OF BIRTH	9	AGE (In years lost birthday)	.F UNDER 1 Y	PEAR IF UND	ER 24 HRS
F	enale	White	WIDOWED I	J DIVORCED		Oct. 13, 18	91	74 yrs	INCOLLEGE D	20/2 110312	194105
10 du	o USUAL OCCUPATION ring most of working	V (Give kind of work done life, even if retired)	10P K ND	OF BUSINESS OR STRY		11 BIRTHPLACE (County	11 -	ign country) Maryland	COUN	EN OF WHAT	
13	. FATHER'S NAME					14 MOTHER'S MAIDEN					
	FRAN	H ADAM.	5			MOLLI	E ,	FORD			
Ĭ,	WAS DECEASED EVI	R IN U.S. ARMED FORCES?	16. SOC	TAL SECURITY NO.	17 ti	NFORMANT		Addre			
()	(es, no, or unknown)	(If yes give wor or dates of	Service)		MR	ROBERT	H. S	CIBLE	#2		
F	18 CAUSE OF D	EATH (Enter only one cous	s per line for (o)), (b), and (c).)						INTERVAL BE	
	PART 1. DEA	TH WAS CAUSED BY IMMEDIATE CAUSE (1).	rebrale	mel	olessu				ONSET AND	DEATH
	. 4	DUE T									
	Conditions, if ony		bì								
	rise to immediate stating the unde	re couse (o), (nus t	,								
	lost		c)								
	PART II OTHER S	GNIFICANT CONDITIONS CO		DEATH BUT NOT RELA	TED TO T	HE TERMINAL DISEASE CO	NDITION GIVEN	IN PART 1(o)		19 WAS AL	TOPSY
100	1 Bak	Crescher.	lu Co	1 dec 202 10	-ulim	deseure -				PERFOR	NO T
A)	200. ACCIDENT WA			- F		Enter noture of injury in	Port I or Port	II of item 18)		1 🖳	[_A
CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)			, (
3	20c TIME OF IN	URY Month, Doy, Yeor	20d INJU	RY OCCURRED 1	20e PLAC	E OF INJURY (Home, for	n. 20f	(City or town)	(Count	ty)	(Stote)
MEDICAL	Hour o	m.	While r	Not While		ory, street, office bldg., etc.		, , - ,			
	p.	ify that (I) (this has	of work L		ram		19.5 ジョ	Feb. I	1 1944	that (I)	(aug) las
		eceased alive an	Feb. 1	4 19 66 ni	nd that	death accurred at	, IU	from causes	ond on the	dote state	ed opun
22n SIGNATURE 22b DATE SIGNED									,		
electional deficiency M.D. ATTENDING DIRECTOR DIRECTOR PHYS. E									1 2	115/6	6
	22c. PHYSICIAN : NAME (Type		. Peele	r, M.D.		121 Cathe	dral S	t., Anna	polis	Md.	
23	BO BUR AL, CREMAT	ON, 236 DATE THE	REOF	23c, NAME OF CEMET			23d LOC	ATION (City or To	wn) (C	ounty)	(Stote)
	BUILIA	2-17-	-1966	CEDAR	BL	UFF CEM.	- AN	NAPOL	15	MP	
1	4. FUNERAL DIRECTO		^	ADDRESS		/ /	D BY REGISTRA		GISTRAR'S SIG		
	JOHN A	1. TAYLOR	3. SONO	HUNARO	218	MD DATE	B 16 1	966 /	learly	Judg	5"

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remined corbon papers. Pages 1 and 2 should be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours offer death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The fow majures that the denth certificate be executed within 24 heurs after death.

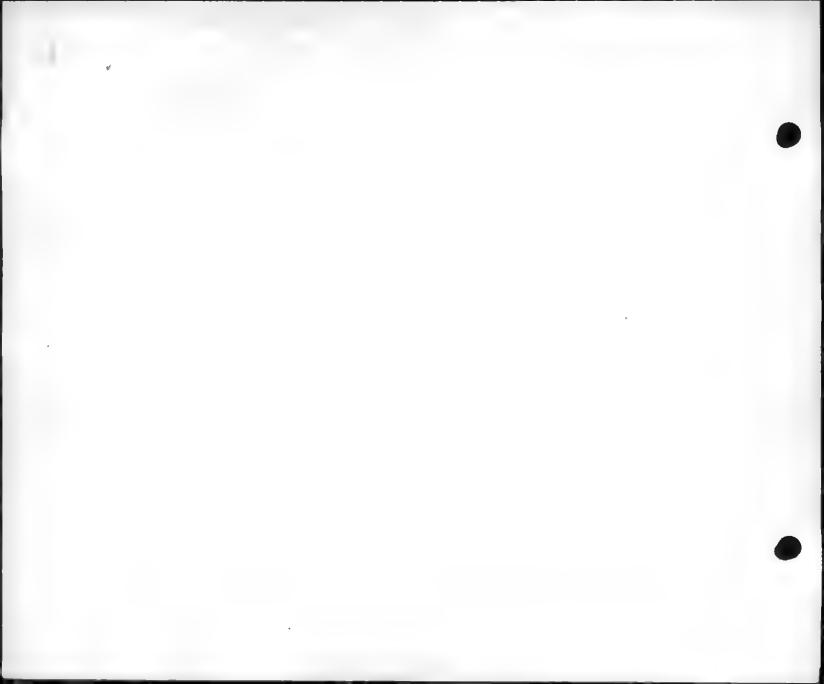
Poge 4 may be retained by the hospitol or ottending physicion.

VR A15 (4) 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

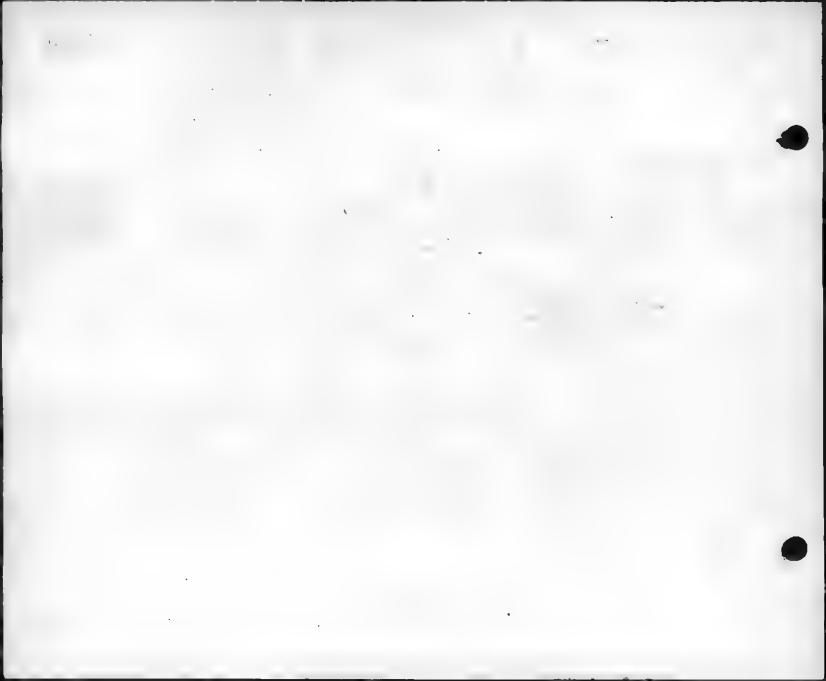
FOR STATE		01767 MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH	01717
EALTH DEN	1	PLACE OF DEATH a. COUNTY A A CO MARY, AND	2 USUAL RESIDENCE (Where deceased lived if institution Re o. STATE	s dence before odmission)
2, and PM3. partme	4		C CTY OR TOWN (f outside corporate limits, write RURAL and RIVERS - Beach. d STREET ADDRESS 20721. H. Freen Havens	a IC PECIDENCE
Poges with for		NAME OF PICK THE PROPERTY OF STATE OF S	Lost 4. DATE Month OF DEATH	Doy Year
2 w.		WIDOWED DIVORCED	F-11-68 Institution Mont	
n n 24 nours nail n Item I nner's Office poges Iond 2 in ony event	du	o USUAL OCCLPATION (Give kind of work done ring most of working life, even if retired) 10b KIND OF BLS NESS OR INDUSTRY	md	2 CITZEN OF WHAT
n pencil Exominer File poge	13.	William De kn	margt. Glauch	
	(Y	(es, no grunknown) (If yes give war ar dates of service)	Framely Address	
the word "per to the Chief." bur of transit emotion, or re		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) USE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse (c) Iost (c)	Energed.	INTERVAL BETWEEN ONSET AND DEATH
	ICATION	PART II OTHER SIGNIFICANT COND T ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TH 200 EXTERNAL CAUSE WAS 200 DESCRIBE HOW INJURY OCCURRED (6)		19 WAS AJTOPSY PERFORMED? YES NO
e certificate, should be for files. 3 should be to this think the total think the total think to the total think the total thi	MEDICAL CERTIFICATION	PRIMARY □ or CONTR BJTING □ CAUSE OF DEATH	Enter noture of injury in Part or Part of item 18) E OF INJURY (Home, form, 20f (City or town)	(County) (State)
e the our	MEDI		ry, street, office bldg., etc.)	
necessory, please execut the funeral director. Pog 5 may be retained for y 10 FUNERAL DIRECTOR: P Health or its designated			de	22. DATE SIGNED
necessory, the funero 5 may be TO FUNERA Health or	230	O BURIAL, CREMATION, REMOVAL (Specify) 236 DATE THEREOF 236 NAME OF CEMETERY OR CR	Address (Street, city, town, or county) REMATORY Com. 23d .O(AJION (C)+ or Town) Gen.	2-14-66. (County) (State)
VR A15ME (5)	20	4 FUNERAL DIRECTOR ADDRESS ADDRESS PROTOSPANA	DES DECID BY DECISTRAD OCH DECISTRAD	



ب ملکا	VI/		OTAPA			CERTIFI	CAIL	OI DEATH			(-618	
death ond death			LACE OF DEATH					2 USUAL RESIDENCE	(Where decease			before odmission)	
funeral ond rer degri		0	. COUNTY	Anne Aruno	iel	MARYL	LAND	o. STATE Mar	yland	K0) d	Anne	Arundel	
office ses		Ь	CITY OR TOWN (If	outside corparate limits,	T	. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN (If o	utside corporeti	e limits write RU	RAL and give n	earest town)	
by #Pag			write RURAL and g	ive negrest town;		1 day	Î	RURAL -	Edgewat	ter		2-1	
24 hours ed in by tapers. Pa		d		OR INSTITUTION (If not				d STREET ADDRESS			· ·	B. IS RESIDENCE	_
led led append		Aı	ne Arunde	el General	Hospita	a.		Rt-4, Bex	-624A	200		ON A FARM?	য
· 有 生 通		3. N	IAME OF	Firs		Middle		Lost	4 DATE	Mon		Doy Year	
campletely		(FCEASED Type or print)	Charles	3	Thomas		SHARPS	OF DEATH	Februa	ry	27 19 66	
mpit mpit		5 5	FX (S. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B.	DATE OF BIRTH	9.	AGE (In years	IF JNDER I Y		
			Male	Negro	WIDOWED [DIVORCED	□ A	pril 6, 19	15	50 birthday) yrs.	Months D	oys Hours Mi	ח
ond ond	1	10o	USUAL OCCUPATION ((@ m ost,d i w ork ng ,d	Give kind of work done	10b, KIND INDJ	OF BUSINESS OR		11. BIRTHPLACE (Count	y & State, or fore	eign country)	12 CITIZE	N OF WHAT	
icate b			eine							iryland		J.S.	_
rifficate t physician en please ovol, and		13.	FATHER S'NAME				2	14 MOTHER'S MAIDEN	NAME	. //	1	17	
g pi			wen	100	SIL	aupx	2	Low	2011	orle	ann	t.	
offending permit. The		15. (Yes	WAS DECEASED EVER I , no, or unknown) [[1]	IN U.S. ARMED FORCES? Tyes give war of dates of	service) 16 SOI	IAL SECURITY NO.	17 IN	FORMANT	0%	Addr	ess 2	1)	11
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that the death certifion. On. by the ottending phy ronsit permit. Then cremotion, or removol			48. CAUSE OF DEAT	TH (Enter only one cous WAS CAJSED BY	e per line for (o			0 10	ì	,	/	ONSET AND DEATH	
that n. ay t ons			4	IMMEDIATE CAUSE (*	Hule	ny	orce - thus	hefre	reli		24 -ru	
es t sicio ed led lol-tr			Conditions, if ony, w	DUE 1		0.	1	- 11-	0.			<i>U</i>	
phy phy sign buri		- 1	nse to immediate	couse (o), (Nur)	b)	Cenn	remy	Orbbero 3	scheren	1		Jeurs.	_
v re		- 1	storing the underly	ing couse	()		1						
lay endi		- }		ILFICANT CONDITIONS CO	-	DEATH BUT NOT BELA	TED TO TH	E TERMINAL DISEASE (1	INDITION GIVEN	I IN PART I(n)		19 WAS AUTOPSY	
The off		§	TOST IN STITUTE STORY		III KIOOTIIIO TO	DENTI DOT THE TELE	1120 10 111	in this wife or the court of the		ing court (fu)		PERFORMED? YES NO	
N. I or cote	- 1	CERTIFICATION	200 ACCIDENT WAS U	INDERLYING 🖂	20b DESCE	IBE HOW INJURY OC	CURRED (E	nter nature of injury in	Port Lor Port	11 of item 18)		75 [] 110	
Dia to the			OR CONTRIBUTING [,			
HY hos s ce ache ept.		MEDICAL	20c. TIME OF INJUR		20d INJU	RY OCCURRED	20e PLACE	OF INJURY (Home, for	m, 20f.	(City or town)	(Count	y) (Stote)	_
the the det		욅	Hour a.m.		While of work	Nat While	foctor	y, street, office bldg., etc	r.)				
Story Story				that (I) (thisches			from	1/2	1963 to	Feb. 2	7 19 6	that (I) (We)	las
R. A		- 1	saw the dec	eased alive an	Feb. 2'	71966, a	ind that	death accurred a	tM,				
ATI of still			22a. SIGNATURE	4 04	Δ			4:	OO AM		22b. GATE		
OR DE LA SE		- 1	ter	renz. (toba	17.6.		M.D.	ATTENDING PHYS	DIRECTOR	STAFF PHYS.] 2/2	.8/66	
AL D	1		22c PHYSICIAN S NAME (Type)					22d ADDRESS			_/.		
SPIT 4 m ERA or, i				Gerard		M.D.				St., Ann		Md.	
HOSPIT, ge 4 mc FUNERA rector, p		230	BURIAL, CREMATION REMOVA, (Specify)	23b DATE THE	REOF	23 NAME OF CEMET	TERY OR CE	REMATORY	23d 10C	ATION (City or To	wn) (Co	ounty))7 (Stole)	
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	,	B	MARKER	13-2-/	166	Chenry	10/10	moua	CONT	ensor	Ne.	VIICE	
1		24.	FUNERAL DIRECTOR		1	ADDRESS	22	2 ZSO REC	'D BY REGISTRA	4K 250. R	EGISTRAR'S SIGN	MAIUKE	

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF HEALTH DEPT. PLACE DE DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. CDUNTY slay a necessary 13 to the funeral Page 5 may be Department after death. b. OHLY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 8. IS RESIDENCE ON A FARM? ND Z YES 2, and PM3. NAME OF 3. Middle Month Year Last the 72 DECEASED DEATH 2 196.6 (Type or print) 2 with within AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS SEX DATE OF BIRTH form 7. MARRIED NEVER MARRIED Days after death. WIDOWED event 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done) BIRTHPLACE (State or soreign country) during most of working life, even if retired) pages I ATHER'S TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours please execute the certificate, writing the word "pending" in pencil in Item 18 director. Page 4 should be forwarded to the Chief Medical Examiner's Office alcretained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File page of Health or its designated agent, prior to burial, cremation, or removal, and in a 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT (Yes, no, or unkown) (If yet plye war or dates of service) INTERVAL BETWEEN 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS GAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which (b) rise to immediate DUE TO cause (a), stating the underlying cause last WAS AUTDPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? CERTIFICATI NO G YES 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. DESCRIBE HOW INJURY OCCURRED. (Enter neture of Injury in Part I or Pert II of Item 18.) CAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. MEDI While Not While AL DIRECTOR: Page 3 p.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Undetermined manner death resulted for Suicide Homicide Vatural causes CHIEF MEDICAL EXAMINER DATE **ACTUAL** M.D. SIGNATURE DEPUTY MEDICAL EXAMINER [7] **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State BURIAL, CREMATION, 23b REMOVAL (Specify) with EGISTRAR'S SIGNATURE REC'D BY REGISTRAR FUNERAL DIRECTOR 1966 VR A15ME 3500 4-64



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral—director, page 3 should be detached for use as the burial-transit permit. Then please femore carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after leafts. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the dmath certificate bm exmouted mithin 24 mours after death. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

() 1 7 21)

_	11770 CERTIFICA	IE UP DEATH	1126611
1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution:	Residence before admission)
	a. COUNTY	a., STATE / 1 b. COUNTY	4 1
	11 mme Akumae MARYLAND	Matyland Anne	Amnde
	b. CITY OR TOWN (if outside corporate limits, write RPRAL and give nearest town)	c. CITY OR LOWN (if outside corporate limits, write RUR	L and give nearest town)
	Gen Burnie	Severn	m : /
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addres	s) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	North Frandel Hospital	Box181-Rt2-TSlegrable Roa	YES NO
3.	NAME OF Girst Middle	C Last 4. DATE Month	Day Year
_	(Type or print) Flattie, It.	JM17H DEATH FEBFURY	7, 1966
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF Up(DE last birthday) Months	R 1 YEAR IF UNDER 24 HRS.
	Temale White WIDOWED DIVORCED	March 26, 1887 78 yrs.	Days Rours Will.
10a	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR ring most of working life, even if refined) INDUSTRY,		CITIZEN OF WHAT
	Housework (ret-) Own Home	Anne Amndel Co. Md. 1	1.5.A-
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
16	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	Jatah (raggs	
(Ye	b. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 12.	7. INFORMANT Address	-11
	No 1 AVV Un Known V	1- John H-Smith (Son) Sev	(evo, 1/11:
	18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	murrel al o	See (Vision)
	DUE TO (1
	Conditions If any which i	010,000 cll-12-	10 wesen
	gave rise to immediate	A CE LOS COMO TO	10000
	cause (a), stating the DUE TO		
-	underlying cause last. (c)		
ATIO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a	PERFORMED?
FIC			YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING TOR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of injury in Part I or Part II of Item 1	8.)
AL	20c. TIME OF INJURY Month, Day, Year J 20d. INJURY OCCURRED J 20e. P	LACE OF INJURY (Home, farm, 20f. (City or town) (Ci	ounty) (State)
MEOICAL	Hour a.m. While - Not While - fac	ctory, street, office bldg., etc.)	,
Ξ	p.m. 19 at work at work		
	21. I certify that (I) (this hospital) attended the deceased from_		that (I) (we) last
	saw the deceased alive on 2 1966, and the	nat death occurred at & M. from the causes and on	the date stated above.
	22a. SIGNATURE	ATTENDING MED. STAFF	DATE SIGNED
		A.D. PHYS. DIRECTOR PHYS	7-66
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	
23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE	RY OR CREMATORY 23d. LOCATION (City, town or c	ounty) (State)
	Durial Feb. 10,1966 Smith Form	il Cometery Severn, 1	14.
24	FUNERAL DIRECTOR ADDRESS	/ 1 25a. REC'D BY REGISTRAR 25b. REGISTRA	R'S SIGNATURE
1	1 denotition	A MA DATEL B 9 1886	Par Quelas
21.4	Charlet along	TYPE I DATE OF THE OFFICE OFFI	= 7



	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND								
	DIVISION	N UF STATISTIL	AL KESE				I, BALIIMUI	CE I, MA	KTLAND () 1 Ph) d
				CERTIFICAT	E OF DEATH	1			11161
1.	PLACE OF DEATH					CE (Where dec			idence before admission)
	a. COUNTY			114044 4440	a. STATE	vland	b. COUN	A.A.	
_	b. CITY OR TOW	N (if outside corpora	te limits.	MARYLAND	c, CITY OR TOWN (IF		pprate limits, wri		nd give nearest town)
write RURAL and give nearest town)				6					, ,
	Balt	imore	M diff mak to b	ospital, give street address)	d. STREET ADDRESS	timore			e. IS RESIDENCE
				ospitai, give street audress)			D		ON A FARM?
	4911	Brookwood	Rd.		4911 E	rookwo	od Rd.		YES NOTE
3.	NAME OF DECEASED	FI	rst	Middle	Last	4. DATE	Month		Day Year
	(Type or print)	HE	LEN	E.	SMITH	DEATH	Feb	ruary	11 1966
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9.	ACE (In years	FUNDER 1	YEAR IF UNDER 24 HRS.
7	Female	White	WIDOWED	DIVORCED [7]	Sept. 16. 1	.907	last birthday)	Months D	ays Hours Min.
10a	. USUAL OCCUPAT	ION (Give kind of work	done 10b. K	IND OF BUSINESS OR	11. BIRTHPLACE (CA			12. CITI	IZEN OF WHAT
dur		Ing life, even If retire	d) II	NDUSTRY	D-1+:-	1	(a		NTRY?
13	Housewill FATHER'S NAM				14. MOTHER'S MAID	ore, M	U.		,00
10.	· Attick o HAM								
15		J Ebert	Daren Lic	SOCIAL SECURITY NO. 1 17.	INFORMANT	arks	Addres		
		(If yes pive war or dates of	f service)		INFURMANT		Auuita	3	
	No		22	20-03-3417 Ber	njamin M. Sm	mith_	4911 Bro	okwood	Rd.
		-	_	ine for (a), (b), and (c).]	10 1	•			INTERVAL BETWEEN ONSET AND DEATH
	PART I. DE	ATH WAS CAUSED BY IMMEDIATE CAUSE	10 acy	eta countary	Harombos	w		_ [_	Lhru
	11 1	DUF		1/2	- /		_		70
	Cenditions, If		a Cor	mary arte	ry deso	000,	and		
	gave rise to	Immediate ((D)	1 / 1- 1	1 days				
	cause (a), si underlying caus		14	type terre	Se ,				
2		IGNIFICANT CONDITI	(C)	ITANG TO DEATH BUT NOT BELA	TED TO THE TERMINAL D	DISEASECON	DITIONCIVEN IN	PART 1(a)	119. WAS AUTOPSY
CERTIFICATION	TAKT II. UTILARS	1	. 10	A.	(IED TO THE FERMINAL	DIG LAGE GOLD		1411 2(4)	PERFORMED?
FIC	BLC	rous 1	ulle	lls	100000000000000000000000000000000000000	/ A-1 A- D	- A I as Book II at	[]h-m 10 1	YES NO I
RT		WAS UNDERLYING IN NG IN CAUSE OF DEA	TH 200.	DESCRIBE HOW INJURY OCCU	JRRED, (Enter nature of	t Injury In Pa	art I or Part II o	r (tem 18.)	
. 1		TIFY MEDICAL EXAMI							
MEDICAL		INJURY Month, Day,	Year 20d. I	facto	CE OF INJURY (Home, fa ry, street, office bldg., e		(City or town)	(Count	ty) (State)
EO	Hour a.r		While at wor	Not While	a y, a creec, o according., c	100/		*	
-			1		0 5	7	~ 1 1 1	1.1	

to feb. 11, 1900, that II) twel last M, from the causes and on the date stated above. 1966, that (I) (we) last saw the deceased alive on 19 66, and that death occurred at 6 22b. DATE SIGNED 22a, SIGNATURE MED. DIRECTOR STAFF PHYS. ATTENDING PHYS. PHYS. 22d ADDRESS 5010-A Feb. 12, 1966 PHYSICIAN'S NAME (Type) Gov. Ritchie Hgwy., Balto. Krieger, M.D. M. Morton

 \equiv

н			
		23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town or county) (State)
I	REMOVAL (Specify) Purial Feb. 15,1966 24. FUNERAL DIRECTOR	Moreland Memorial Park	Baltimore, Maryland D BY REGISTRAR 250. REGISTRAR'S SIGNATURE
ı	24. FUNERAL DIRECTOR	ADDRESS 25a. REC'L	D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
١	George J. Gonce - 4001 Rite	chie Hgwy Balto. DAFEEB	16 1968 Thanks Judge

VR A15 (4) 20M 1/65



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
4 504	01772 CERTIFICATE OF DEATH
deat!	1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
ter ter	Anne Arundel (ounty MARYIAND B. STATE Manufand Anna Arundal
hours after death d in by the funera rs. Pages 1 and thours after ant	b. CITY OR TDWN (if outside corporate i mits, write RURAL and give nearest town) Green Haven C. LENGTH DF STAY IN 1b C. CITY DR TDWN (if outside corporate fimits, write RURAL and give nearest town) Green Haven
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
ithin 24 fillecton paper within 72	R.F.D.#23 Box 463 Pasadena Nd. YES NO NO
withir pletely iarbon nt, with	3. NAME DF DECEASED (Type or print) Henry - Smith Last 4. DATE Month Day Year OF DEATH February 19 19 (1)
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and and	Male Widowed Divorced Oct. /3, /375 Months Days Hours Min. 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT
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icate physi n ple val, a	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
certifica ding ph Then remova	Edward Smith Anna C. Heck
로 출발하	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) 2/2-05-346/
at the deat ion. d by the at ransit pern cremation,	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]
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res that physician signed burial-tra burial, cr	Conditions If you which h
require ding ph been s the bu rr to bu	Conditions, If any, which gave rise to immediate but to DUE TO
ttendir ttendir has be as th prior	underlying cause last. (c) pretmercany karefrance 2 Eflicas
e faw r atten e has ise as ith pri	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
N: The late or at ifficate I for use Health	YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
PHYSICIAN: The law requires that the hospital or attending physician. This certificate has been signed becached for use as the burial trane Dept. of Health prior to burial, cre	G CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) While at work at work at work
ATTENDING I retained by ECTOR: After is should be ovith the State	
ATTENDIN retained b CTOR: Aft S should b vith the St	21. I certify that (I) (this hospital) attended the deceased from 22 5, 1945, to 4, 1955, that (I) (we) last saw the deceased alive on 4196, and that death occurred at 66M, from the causes and on the date stated above.
W(7) >-	22a. SIGNATURE 22b. DATE SIGNED
may be may be RAL OIR	ATTENDING MED. STAFF 22c. PHYSICIAN'S MED. STAFF DIRECTOR PHYS. 2/19/66
O HOSPITAL Page 4 may O FUNERAL director, pa	NAME (Type) Rillittle Lawy belin Mid 3708 Minatan hel. Pasaeting the
Page Page dire show	23a. BURIAL, CREMATION, REMDVAL (Specify) Surial 23b. Date Thereof (State) 23c. NAME OF CEMETERY OR CREMATORY Septiminal 23d. LOCATION (City, town or county) (State) Surial 23d. Burial 23d. LOCATION (City, town or county) (State)
- R	Burial 2-23-66 Gardens of Faith (em. Balto, Mt. 24 FUNERAL DIRECTOR, ADDRESS 258, REC'D BY REGISTRAR'S SIGNATURE
VR A15 (4)	Lohn C. Melle Inc 6415 Belair R. DAFETR 22 1988 Icharles Judge
15M 4-64	



TO MOSTITAL OR NITERING MENSION THE TAN WENT THE WAY REQUIRED the death certificate is executed within 24 hours after death.

Page 4 may be retained by the hospital or intending plysician. Page 4 may be retained by the hospital or attending paystorant.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical articles completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please armove carbon papers. Pages 1 and 2 should be detached for use as the burial, cremation, or removal, and in any event, within 72 hours after death, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
01773

CERTIFICATE OF DEATH

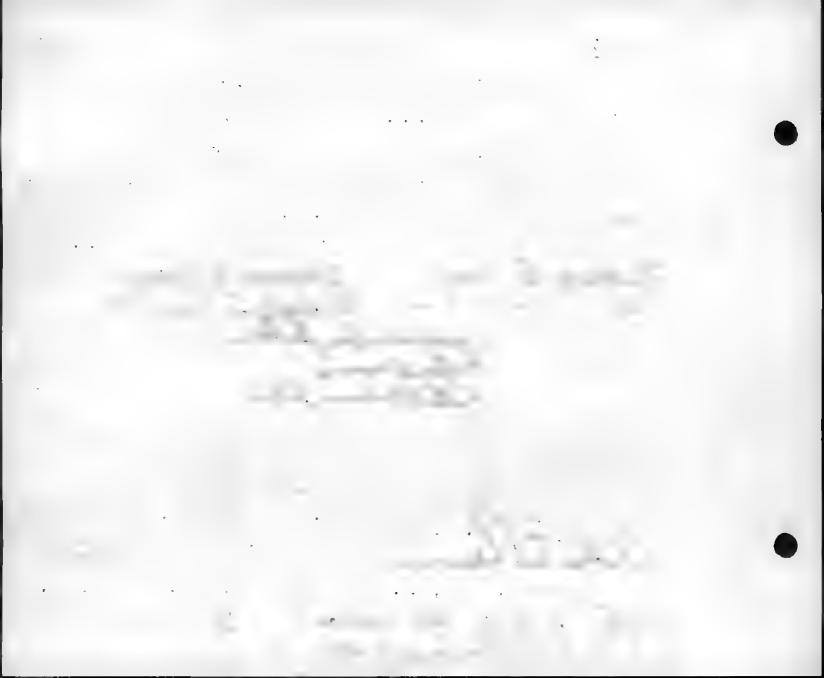
1,	PLACE OF DEATH a. CDUNTY	2. USVAL RESIDEN	CE (Where deceased lived, If ins	ITV		
	Anne Arundel MARYLAND	Md.	B. 9000	Fra	dirick /	
	b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)		outside corporate limits, wr	Ite RURAL at	nd give nearest town)	
	Crownsville	Freder	ick	,	10-2	
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS		/	e. IS RESIDENCE	
					DN A FARM?	
	Crownsville State Hospital	<u>II</u>			YES ND	
3.	NAME OF FIRST Middle	Last	4. OATE Monti	t	Day Year	
	OECEASED (Type or print)#3-00224 Sylvester	Smith	DEATH 2		5 1966	
5.	SEX 6. COLDR DR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH			YEAR IF UNDER 24 HRS.	
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	Laborer	Mary	land		U.S.A.	
13.	FATHER'S NAME	14. MDTHER'S MAIL		1	<u> </u>	
	Benjamin Smith	Nell	ie Rollins			
15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	Addres	5\$		
(Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. (If yes give way or dates of service) Unknown	ـ با با سام الما	3 D 4			
-	OTIK TOWN	unabifa	1 Records		CONTENUES DEPUEEN	
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	leash Casle			INTERVAL BETWEEN DNSET AND DEATH	
	PART I. DEATH WAS CAUSED BY: Congestive H	seart Laitn	re		1 week	
	4 cou Due TD					
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Ш	gave rise to immediate (
	value (a), stating the			- }		
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EDI	Multa 4-4 NOF MULLS	ry, street, office bldg., e	etc.)			
Σ		5/13 1	.13 . 275	CC		
	21. I certify that (I) (this hospital) attended the deceased from	A	913, to 2/5		that (I) (we) last	
		t death occurred at	1P M, from the causes			
	22a. SIGNATURE	ATTENDING	MED STAFF	22b. DAT	7/66	
	Mullette M.D		MED. STAFF DIRECTOR PHYS.		//00	
	22c. PHYSICIAN'S NAME (Type) L. Benedict. M.D.	22d. ADDRESS				
	NAME (Type) L. Benedict, M.D.	Lrownsv1	lle State Hos	pital,	Maryland_	
238	50 - 10 (10 to 2 to	DR CREMATORY	23d. LDCATION (City, to	own or coun	ty) (State)	
	8(MDVAL (Society) 2125,66 Melsenaty	Tul Mes	By Br	LIO,	Mol.	
24	FUNERAL DIRECTOR ADDRESS	25a. RE		EGISTRAR'S	SIGNATURE	
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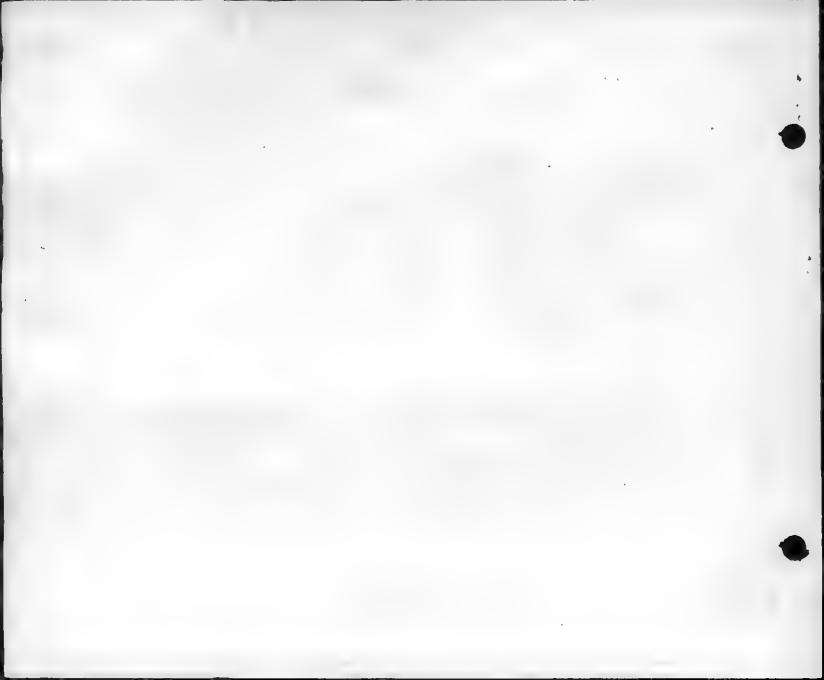


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. the funeral PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY Maryland Anne Arundel Anne Arundel MARYLAND by the Pages hours after b CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) D.O.A. Edgewater Annapolis d. NAME OF HOSPITA, OR INSTITUTION (if not in bosoital, give street oddress) d. STREET ADDRESS e IS RESIDENCE ON A FARM? papers filled i 3522 Oak Brive YES NO Arundel General 3 NAME OF carbon Middle DATE Month campletely DECEASED (Type or print) SOOY DEATH Elizabeth 9. AGE (n years IF UNDER 1 YEAR | 1F JNDER 24 HRS. S SEX DATE OF BIRTH 6 COLOR OR RACE 7. MARRIED NEVER MARRIED remove last buthary) Months Hours Feb. 11, 1966 Ser. WIDOWED DIVORCED White and IDa USUAL OCCUPATION (Give kind of work done IDD KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, as fareign country) 12 CITIZEN OF WHAT during most of working life, even if retired)

Newborn ease INDUSTRY physician S. Co Anne Arundel, Maryland EATHER'S NAMI 14. MOTHER'S MAIDEN NAM attending phy burial, cremation, ar remova SOCIAL SECURITY NO. permit. (Yes, na, arunknown) (If yes give war ar dates of service IB. CAUSE OF DEATH (Enter only one cause per INTERVAL BETWEEN far (a) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gave rise ta immediate couse (o), DUE TO stating the underlying cause oe aetached far use as the State Dept. af Health priar to has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES DA NO certificate 20o. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Doy, Year 2Dd INJURY OCCURRED 20e. PLACE OF INJURY (Home, form (City or town) (County) (State) Hour o.m. factory, street, office bldg., etc.) While Not While at work 21. I certify that (1) this content of tended the deceased from Feb. , 19 66 to Feb. 22 19 66 that (1) (WOX last director, page 3 should should be filed with the sow the deceased alive on_ Feb. 22. 1966, and that death accurred at M. fram causes and on the date stated above. SIGNATURI 22b. DATE STONES ATTENDING STAFF PHYS M.D. 22c. PHYSICIAN'S 22d. ADD RESS O FUNERAL NAME (Type South River MedCent.. Antonio M. Rivera, M.D. Edgewater. Md. BURIAL, CREMATION (Stote) 250. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



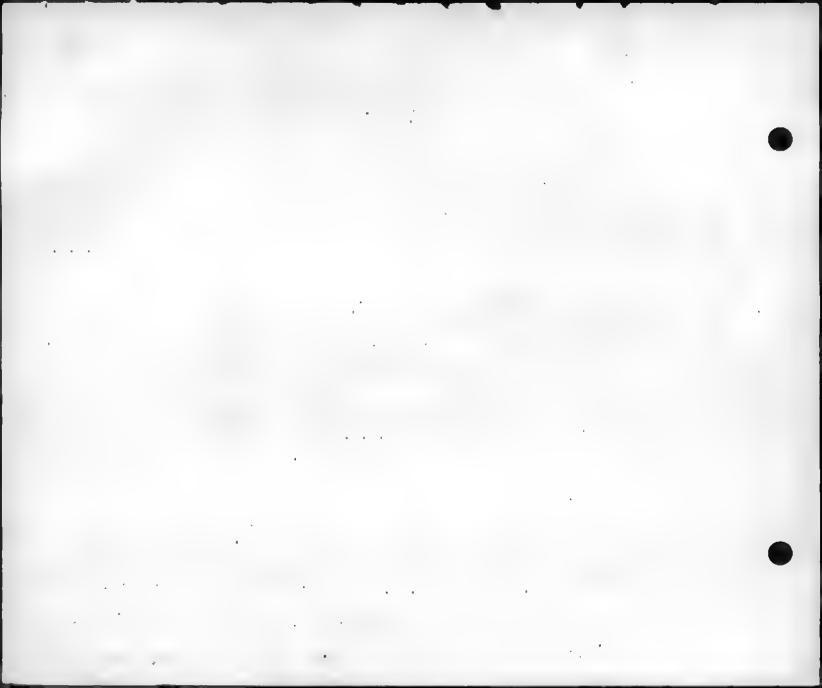
	1		MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR	STATE		01775 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01725
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ited within 24 hours aft. 7 in pencil in Item 18. G Examiner's Office along	permit. removal		18. CAUSE OF BEATH (Enter only one cause per Jine for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY:
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ertific ing t d to	ld be u prior to	. ^	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, (Enter neture of injury in Pert I or Part II of Item 18.)
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cate,	3 should agent, p		20c. TIME OF INJURY Month, Day, Year 20d. MUJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, factory, street, office bldg., etc.) While Not While at work at w
AMIN Sertifi	r files. CTOR: Page designated		21. I certify that I took charge of the remains described above, held an Autopsy, inspection, inquiry, and in my opinion
the c			death resulted room. Natural causes, Accident, Suicide, Homicide, Undetermined manner
63 5	you its		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
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o DEPUTY please ex director.	aine UNE Heal		23a BURIAL, GREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please serve carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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NG PHY by the litter thi be deta State De		MEDICAL	20c. TIME OF I Hour a.m p.m		While	a - Not While - fact	tory, street, office bldg.,	etc.)		,	INTERVAL BETWEEN ON A FARM? YES ON A FARM? INTERVAL BETWEEN ONSET AND DEATH ONSET AND D	
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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 item - Film OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased inved, if institution, Residence before admission) a. COUNTY 6 COUNTY Anne Arundel Anne Arundla MARYLAND Maryland b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and a ve nearest tawn) Annapolis 7 hrs.

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) RURAL - Edgewater d STREET ADDRESS IS RESIDENCE ON A FARM? Anne Arundel General Mospital Selly-en-Bay 7th Ave. YES □ NO [4 DATE 3 NAME OF First Middle Month DECEASED OF DEATH STINNETT February 24 19 66 Marv Jane (Type or print) S SEX 6 COLOR OR RACE 8 DATE OF BIRTH 9 AGE (In years IF UNDER YEAR F UNDER 24 HRS 7 MARRIED NEVER MARRIED ast birthday) Months Nov. 28, 1919 Days Hours White Female WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of working life, eyen uf retired) INDUSTRY COUNTRY? Virginia 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME Walter P.Graham Maude Dennis IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO Address (Yes, na, ar unknown) (If yes give war or dates of service Mr. Eddie Stinnett 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) } INTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET AND DEATH HENDARHAGE IMMEDIATE CAUSE (o) DUE TO ON OF MAJOR Conditions, if ony, which gove rise ta immediate cause (a). DUE TO stoting the underlying cause lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS CERTIFICATION PERFORMED? NO 20g ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour a.m. Not While factory, street, office bldg., etc.) at work at work 21. I certify that (1) (**) Sussing attended the deceased fram. Feb. 24, 1966, that (1) (we) last saw the deceased alive an Feb. 24. 19 66, and that death occurred at M, fram causes and on the date stated above. 22a, SIGNATURE ATTENDING STAFF M.D. PHYS. 22d ADDRESS 22c. PHYSICIAN' Jesse L. Wilkins, M.D. 98 NAME (Type) Cathedral St., Annapolis, 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23b DATE THEREOF 23d. LOCATION (City or Town) (County) (State) REMOVAD (Sparity) 2-26-66 Buckland Buckland Fauguier 25b REGISTRAR'S SIGNATURE FUNERAL DIRECTOR **ADDRESS** 25g REC'D BY REGISTRAR

be executed within 211 hours after Beath and funeral papers Payer 72 hours after d Ξ. event, within 72 Filled i remaye carbon campletely or remayal, and in any attending phy perm t. Then p PHYSICIAN: The law requires that the death perm 1 burial crematian. signed by the burial-transit p Page 4 may be retained by the haspital ar attending physician. prior to the has been 0.0 State Dept. of Health certificate 5 O FUNERAL DIRECTOR: After sage 3 shauld the Siled with the S director, page should be filed

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE the death certificate be executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY Anne Arundel

b CITY OR TOWN (If outside corporate mits, write RURAL and give negrest town) MARYLAND ease remove carban papers. Pages and in any event, within 72 haurs aft C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAs and give nearest town) 20 min. Lothian Annapolis d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) IS RESIDENCE ON A FARM? Anne Arundel General Hospital Nursing Home YES NO T 3 NAME OF Middle 4 DATE DECEASED OF DEATH STOUTENBURGH 19 66 February MXXX Rosa (Type or print) AGE (In years IF UNDER I YEAR IF LINDER 24 HRS 8 DATE OF BIRTH 6 COLOR OR RACE 7 MARRIED NEVER MARRIED lost hirthdoy) May 5, 1878 hi e Female WIDOWED DIVORCED 100 JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired) COUNTRY? attending physician termit. Then please Home Washington D. Housewife
13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, ar removal, Unknown Kerr 17 INFORMANT 16. SOCIAL SECURITY NO. IS WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no. or unknown) (If yes give wor or dates of service) M/Sgt. Thomas Kerr, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit **QNSET AND DEATH** PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse Page 4 may be retained by the hospital or attending PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPS) PERFORMED? NO this certificate 200 ACCIDENT WAS INDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c, TIME OF INITIRY Month, Doy, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) foctory, street, office bldg . etc) Hour o.m. , 196 , to Feb 18 , 1966, that (I) (med lost director, page 3 shauld shauld be filed with the M, from causes and on the date stated above. O FUNERAL DIRECTOR: 22b DATE SIGNED 22o SIGNATURE **ATTENDING** STAFF PHYS. M.D. DIRECTOR 22d. ADDRESS 22c PHYSICIAN'S Cathedral St., Annapolis, Md. NAME (Type) Gennan CHUALE 230 BURIA, CREMATION, REMOVA (Specdy) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE THEREOF Washington, D. Mt. Olivet 25o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Kirkley Funeral Home, Glen Burnie, Md. FAFE B



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a COLINTY P.M.3 Page ö MARYLAND de.oy Deportment b CITY OR TOWN (If outs de corporate limits, CLENGTH OF STAY N 1b c CITY OR TOWN (If autside corparate im its write RURA, and give nearest town) and Part SILVEIE PRICE d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS olong with form hours DO. A- Noeth MRUNdeL. 128 ESTIA-LANE e State | 72 hour 8. Give Poges This certificate should be executed within 24 hours ofter death 3 NAME OF 4 DATE M dd e Month DECEASED (Type or print) the OF DEATH within STRANZ S SEX IF UNDER 1 YEAR 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 9 AGE (In years lost birthday) Months 12-11-1901 WIDOWED DIVORCED Off.ce 100 USUA, OCCUPATION (Give kind of work done TOB KIND OF BUSINESS OR 11 BIRTHPLACE (Stote or foreign country) during most of working life, even if retired)

Machines 7 Convern mont d "pending" in pencil in Chief Medicol Exominer's 13. FATHER S NAME Known pup 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOC A. SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service IStranz 128 Estichana Ports removo 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY. 0 IMMEDIATE CAUSE (o) used os o buriol-tr burial, cremation, DUE TO Conditions, if only, which gove (b) rise to immediate couse (o), should be forwarded to DUE TO stoting the underlying couse PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) prior to CERTIFICAT 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 3 should PRIMARY Or CONTRIBUTING MEDICAL EXAMINERS CAUSE OF DEATH its designated agent,

20c TME OF INJURY Month, Doy, Year 20d ENJURY OCCURRED 20e PLACE OF INJURY (Home form (City or fown) Hour o.m. factory, street, office bldg., etc.) at work of work

21. I certify that head charge of the remains described above, held an Autopsy Inspection death resulted from: Natural causes 4. Accident ... Su'cide . Hamicide : Undetermined manner

ACTUAL SIGNATURE EXAMINER'S NAME (Type)

DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)

23d LOCATION (City or Town) REGISTRAR'S SIGNATUR 25d REC D BY REGISTRAR 255

VR A15ME (5) 6M 1766

500

FUNERAL DIRECTOR: Poge

Heolth or i

230 BURIAL CREMATION

the funeral director.

TO DEPUTY

moy be retorned

24 FUNERAL DIRECTOR

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

(County)

e IS RESIDENCE ON A FARM?

NO.P

1966

y ear

ONSET AND DEATH

19 WAS AUTOPSY PERFORMED? NO

and in my apinian

22. DATE SIGNED

(Stote)

2 Y

12 CITIZEN OF WHAT

COUNTRY?



funeral TO HOSPITAL OR ATTENDING PRYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. the etely filled in by the bon papers. Pages aff oon papers. Pag within 72 hours TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and director, page 3 should be detached for use as the burial-transit permit. Then please remost should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any

the deceased

(this hospital) attended the deceased from

	DETERMINED	UNE. NO 21201	
		PARTMENT OF HEALTH	
	DIVISION OF STATISTICAL RESEARCH AND RECORDS		IARYLAND
	01781 CERTIFICAT	E OF DEATH	111251
1.	PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased fired, If institution: R	esidence before admission)
	Appe Arundel Maryland	a. STATE Maryland b. COUNTY	Arundel
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
	Crownsveille 1 Month	Pasadena, Maryland	,
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)		e. IS RESIDENCE
	Crownsville State Hospital	Box 345-A Rt. #2	YES NO
3.	NAME DF rst Middle	Last 4. DATE Month	Day Year
	(Type or print) #31106 William F. Stur	mpf death 2	14 ₁₉ 66
		14-4 61-464-3	1 YEAR IF UNDER 24 HRS.
	Male White WIDOWED DIVORCED	3/2//1892 last birthday) Months 73 yrs.	Days Hours Min.
10a	a. USUAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR INDUSTRY		ITIZEN OF WHAT
	MAKAGAM Proffesional Sports	Maryland	USA
	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Frederick Stumpf	Sophia Orth	
15 (Y	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFDRMANT Address	
	es, no, or unkown) (If yes give war or dates of service) 275-09-1559	(Hospital Records) H.D. Se	chwaab
-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: Septicemia		ONSET AND DEATH
	J ン ケ イ	4-2-4	
	Conditions, If any, which \	rs	
	gave rise to immediate (Chronic Broin Gur	ndrome Associated with Cerebi	ral
	cause (a), stating the DUETO CHILDRE DIATIONS of Underlying cause last. (c) and Generalized		
ON	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL		19. WAS AUTOPSY
CERTIFICATION	Dehydration and Inanition		PERFORMED?
TIF		URRED. (Enter nature of injury in Part I or Part II of Item 18.	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)		
CAL		AGE OF INJURY (Home, farm, 20f. (City or town) (Cou	inty) (State)
MEDICAL	Hour a.m. While Not While p.m. 19 at work at work	ory, street, office bldg., etc.)	

PHYSICIAN'S NAME (Type) ADDRESS Crownsville State Hospital 22d. M.D. a. Burial, cremation, 23b. Date thereof REMOVAL (Specify)
Burial 2-16-66 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) Baltimore By REGISTRAR | 25b. Loudon FUNERAL DIRECTOR REC'D BY REGISTRAR .W. Jenkins & Sons Co.4905 York Rd. BaltomateFEB

M.D.

ATTENDING PHYS.

Ď

MED. DIRECTOR

from 1/14/, 19 66, to 2/14/, 19 66, that (I) (we) last and that death occurred at 2:P M, from the causes and on the date stated above.

STAFF PHYS.

22b. DATE SIGNED

2/14/66



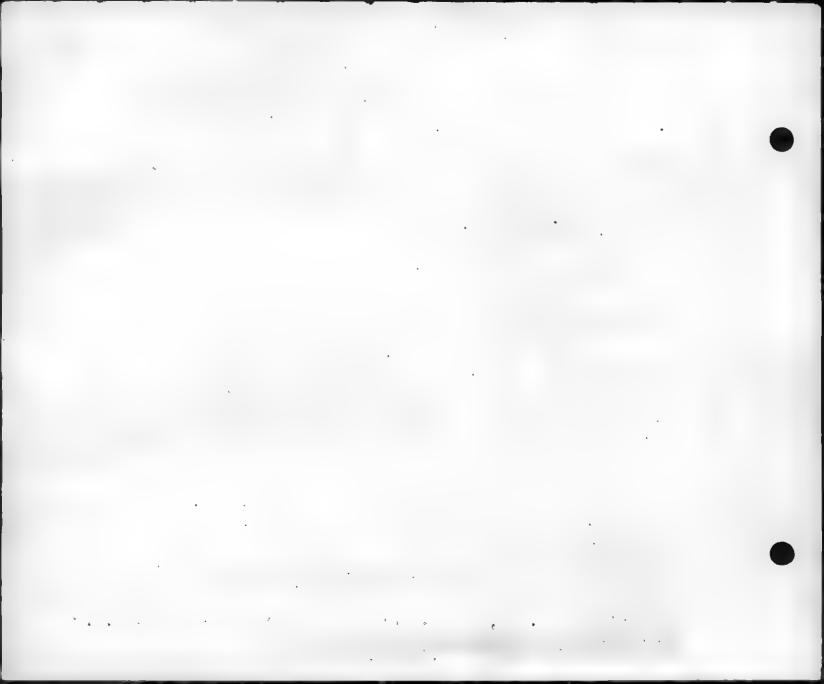
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

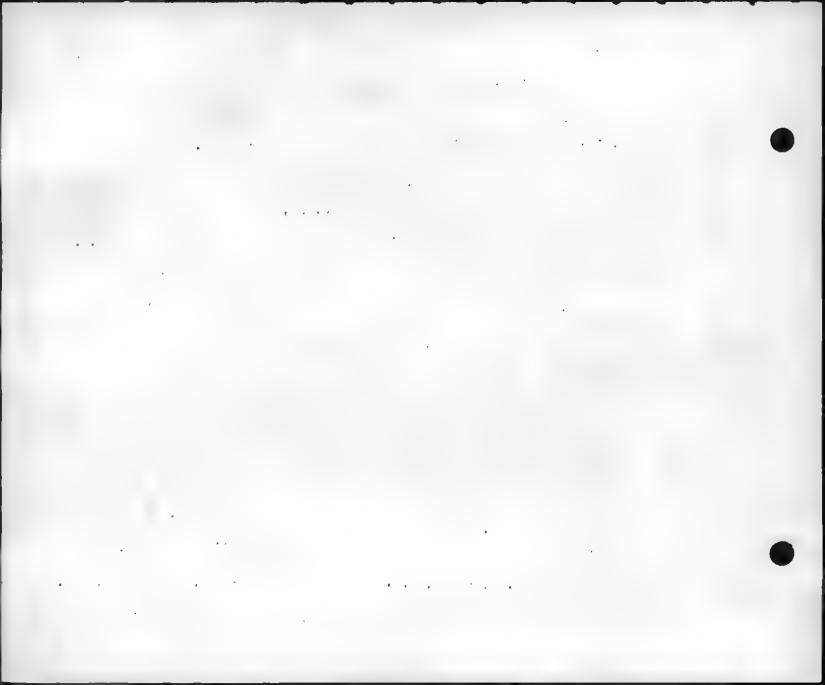
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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			MARYLAND ST						
	DIVISION OF	STATISTICAL	RESEARCH AND	RECORDS, 301 W	. PRESTON	STREET, BA	ALTIMORE 1,	MARYLA	ND
0.	1782		CERT	IFICATE OF	DEATH			0173	12
	20 20 20 20 20 20 20 20 20 20 20 20 20 2								

4.	ULION	E UF DEATH	1.0%
	1. PLAGE OF DEATH 8. COUNTY HIDR- Arundel, MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution; Real a. STATE Tryfill d. b. COUNTY	arys
	or CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MI CITY.	c. CITY OR TOWN (If outside corporate limits, write RURAL	and/give nearest town)
	Crown Sville Take Hospital. give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO.
	3. NAME OF DECEASED (Type or print) Ship (Type or print)	Last & GATE Month OF DEATH TO 2/	Day Year
ı	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCEO DIVORDE DIVORCEO DIVORDE DI VORCEO DIVORDE DI VORCEO DIVORDE DI VORCEO DIVORDE DI VORCEO DIVORCEO DIVORDE DI VORCEO DIVORDE DI VORCEO DI	JUIC 2/ 10/6 89 yrs.	TIZEN OF WHAT
14	during most of working life, even if retired) / INDUSTRY	Maryland co	UNTRY?
١	13. FATHER'S NAME Zackarla Suter	14. MOTHER'S MAIDEN NAME / Mason.	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address	
1	18. CAUSE DF DEATH [Enter only one cause per Jihe for (a), (b), and (c).]		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: HAR MILA.		ONSET AND DEATH
1	1 × 1	-1	
	Conditions, if any, which gave rise to immediate (b)	525815	
	cause (a), stating the underlying cause last.	of the Pristate	
	PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT REL Contributing Cause of Death 20b. Describe How injury OCC	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMEO? YES NO
- 1		URRED. (Enter nature of injury in Part I or Part II of Item 18.)	
	ZDC. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PL Hour a.m. While Not While fact p.m. 19 at work at work	ACE OF INJURY (Home, farm, 20f. (City or town) (Coulory, street, office bldg., etc.)	nty) (State)
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on the	t death occurred at 630 PM, from the causes and on the	that (I) (we) last
١	22a. SIGNATURE ACTION M.	ATTENDING MED. STAFF	RESIGNED AND 266
	22c. PHYSICIAN'S NAME (Type) LIONE MICHENTY Mapp, M.	22d. ADDRESS rownsulle Hate Hespital	Md.
1	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER REMOVAL (Specify)	Y OR CREMATORY 23d. LOCATION (City, town or cou	nty) (State)
	BURILAL FEET 26,56 MI OLIVET	CEMEYERY WASHINGTON D	C S SIGNATURE
	Wilmism my 187	O MORTEB 25 1966 Icharles	Judar.

VR A15 (4) 20M 1/65





MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0178	4		CERTIFICA	TE OF DEATH		0.1734
o COUNTY	Anne A	rundel	MARYLAND	o. STATE	Where deceosed lived, if institut b. COUI yland	NTY Anne Arundel
b CITY OR TOWN write RURAL Annan	N (If outside carparate limi and give nearest town)		c LENGTH OF STAY IN 16		utside carporote limits, write RUI	
d NAME OF HOS	PITAL OR INSTITUTION (H m	,	ive street address)	d STREET ADDRESS		e 15 RESIDENCE ON A FARM? YES NO
3 NAME OF DECEASED (Type or print)	Joh	erst	M·ddle Robert	TAYLOR	4 DATE Mant OF DEATH Februs	ry 19 19 66
S SEX Male	6 COLOR OR RACE Negro	7, MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH Aug. 14, 19	9 AGE (n years lost rinday) 61 yrs	F UNDER 1 YEAR IF UNDER 24 HRS Manths Days Hours Min
	ION (Give kind of work done ing life, even if retired)	IN	ND OF BUSINESS OR DUSTRY arious		& State, or foreign country) Maryland	12 CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	John R.			14. MOTHER 5 MAIDEN	Helen Thoma	
15. WAS DECEASED (Yes, no, or unknow	EVER IN U.S. ARMED FORCES: in) [(If yes give war or doles			Charles	R. Taylor	Deale, Md.
Conditions, if a rise ta immed stating the unlast.	nny, which gave liate cause (a), derlying cause	(a) A(a) E 10 (b) A 4 E 10 (c)	sine core Scrtension		onhage	onset and openth
200 ACCIDENT OR CONTRIBUTION	- 111	to and	t staglorn	- calculus,	rt. Kidney Port 1 or Port 11 of steps 18)	19 WAS AUTOPSY PERFORMED? YES NO
20c TIME OF HOUR	INJURY Manth, Doy, Year a.m. p.m. 19	While	Not White	PLACE OF INJURY (Hame, fart factory, street, office bldg , etc		(County) (State)
saw The 22a Signato 22c Physicia	deceased alive an_	Feb. 19	19.66, and 1	M.D ATTENDING PHYS. 22d ADDRESS		9 , 1966, that (I) tool la and on the date stated above 22b DATE SIGNED 2/2/66
23d BURIAL) CREMA REMOVAL (Spe	ATION, 23b DATE T		23c NAME OF CEMETERY Carters	or CREMATORY	23d LOCATION (City or To	A.A.Co. Md.
24 FUNERAL DIRE	CTOR	Drin	ADDRESS	2Sa REC	D BY REGISTRAR 25b RI	EGISTRAR S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Their place remave carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar ta burial, crematian, ar removal, and in any event, within 72 haurs after deathy VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.

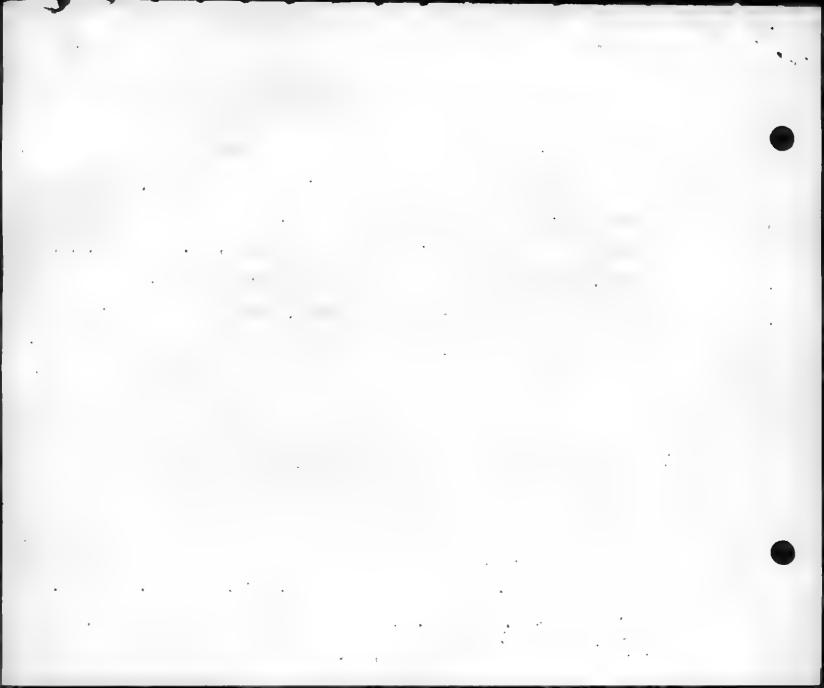


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	MARYLAND STATE DEPARTMENT OF HEALTH	~
DIVISION OF STATIST	ICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BAL	TIMORE 1, MARYLAND
OAMOR	CEDTIFICATE OF DEATH	. A starfage

I.	-01785		CERTIFICAT	E OF DEATI	H	01735		
1/2	. PLACE DF DEATH a. COUNTY					tution: Residence before admission)		
	Anne Arundel		MARYLAND	Maryland	b. COUNT	Y Ne Arundel		
	b. CITY OR TOWN (if outsid write RURAL and give no	e corporate limits,	c. LENGTH OF STAY IN 1b		f outside corporate limits, write			
	N/ Linthicum			N/ Lini	thicum	0.2		
-	d. NAME OF HOSPITAL OR I	NSTITUTION (if not in hos	pital, give street address	d. STREET ADORESS		e. IS RESIDENCE ON A FARM?		
	214 Coronet	Drive		214 Con	rone r Drive	YES NO K		
3	. NAME DF OECEASED	First	Middle	Last	4. DATE Month	Oay Year		
	(Type or print)	OHO	MATHIDT	TEMPLE	DEATH FED.	24 19 66		
5	. SEX 6. COLOR	OR RACE 7. MARRIEO	NEVER MARRIEO	8. OATE OF BIRTH	9. AGE (In years III last birthday)	UNOER 1 YEAR IF UNOER 24 HRS.		
-	Male Whit		DIVORCEO		904 b2 yrs.			
d	Oa. USUAL OCCUPATION (Give kin uring most of working life, eve	nd of work done 10b, KIN n If retired) INO	D OF BUSINESS OR USTRY	11. BIRTHPLACE (C	County & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
_	Eng	west:	Lnghouse	Greens		U.S.A.		
1	3. FATHER'S NAME			14. MOTHER'S MAI	OEN NAME			
-	John B. Temp				nnie Zimmerman			
Ċ	15. WAS OECEASED EVER IN U.S. Yes, no, or unkown) (If yes give w	ar or dates of service)	CIAL SECURITY NO. 17.	INFORMANT	Address			
-	no l			abel C. Ter	mple - Same as			
ı	18. CAUSE OF DEATH (Ent.	er only one cause per line	for (a), (b), end (c).	1		ONSET AND DEATH		
П	IMMEDIA!	TE CAUSE (a)	well	1100/		& uks		
	1801	OUE TO	0.1141	1 - 17	A Kide	11 /n 1115		
	Conditions, If any, which gave rise to immediate	(0)	-cucs	C-4-	ir. ~ all	ry wine		
	cause (a), stating the	OUE TO				/		
Underlying cause last. (c)								
CAT				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		PERFORMEO?		
S P P	20a. ACCIOENT WAS UNDER OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL	E OF OEATH AL EXAMINER)						
CAL	20c. TIME OF INJURY MO	nth, Oay, Year 20d. INJ	URY OCCURREO 20e, PL	ACE OF INJURY (Home, f	arm, 20f. (City or town)	(County) (State)		
MEDICAL	Hour a.m.	19 While	Not While fact	ory, street, office bldg., e	etc.)	77		
1	7 7	this hospital) attended		(CCV. 1	964 to 2/24	19 Othat (I) (we) last		
saw the deceased alive on 19/00, and that death occurred at 2/57M, from the causes and on the date stated ab 22a. SIGNATURE 22b. OAT SIGNED								
								22c. PHYSICIAN'S DILECTOR DIRECTOR DIRE
П	NAME (TIPE)	Johns La.						
23a. BURIAL CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)								
Burial 28-Feb. 1966 St. Clair Cemetery Greensburg, Pa. 24. FUNE PROPERTY 256. REGISTRAR 256. R								
Curjence O. Be corning								
5	ingleton Funer	al_Home/Glest	n Burnie, Mo	OATE A	1 1966 204	anles Judge		

VR A15 (4) 20M 1/65

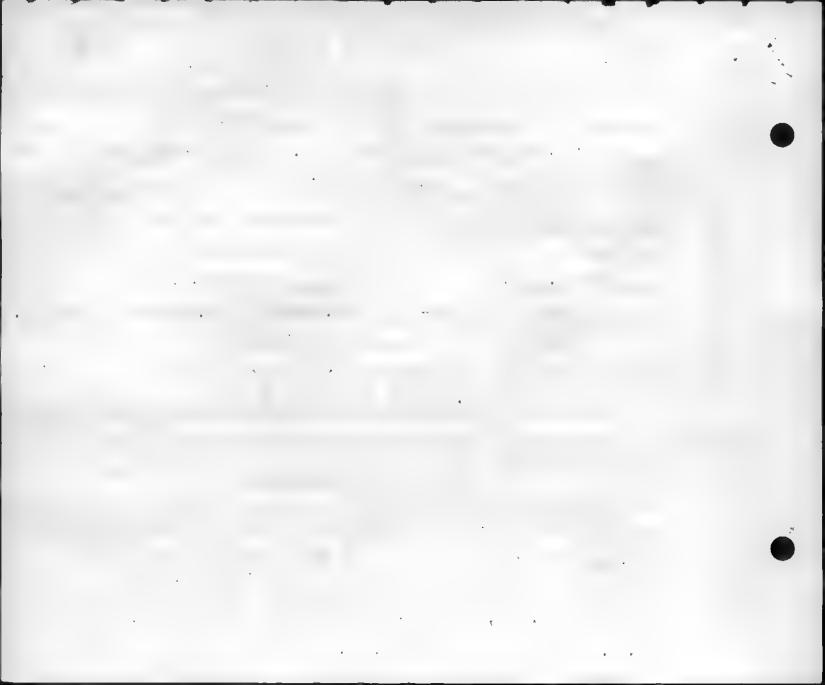


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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND REGORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
01786 CERTIFICATE OF DEATH

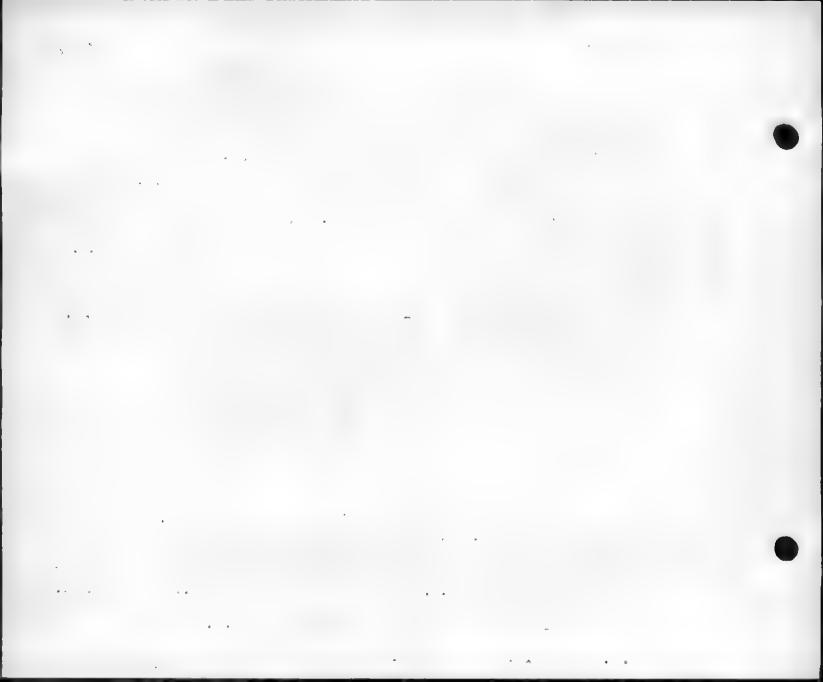
1.		(, = 0 0 1)
1	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, II Institution: Residence before admission)
	ANNE ARUNDEL MARYLAND	a. STATE b. COUNTY MARYLAND ANNE ARUNDET.
	b. CITY DR TOWN (if outside corporate limits, c. LENGTH DF STAY IN 1b write RURAL and give nearest town)	c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town)
	GLEN BURNIE 22 DAYS	PASADENA - /
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM?
	NORTH ARUNDEL GENERAL HOSPITAL	RT. 5 BOX 119 Mannthy Brach YES No Ko
	NAME DF First Middle DEGEASED	Last 4. DATE Month Day Year
_	(Type or print) GROVER CLEVELAND	TOFT DEATH FEBRUARY 10 1966
5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
	MALE WHITE WIDOWED DIVORCED	MARCH 14.1885 80 yrs.
10a. durk	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 10b Morking life, even if retired) INDUSTRY	11. SIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	CONTRACTOR WELL DRILLING	HOWARD COUNTY, MARYLAND USA 14. MOTHER'S MAIDEN NAME
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1.5		Mildred J. Griffith
(Yes	WAS DECEASED EVER IN C.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. In or unknown) (If yes give war or dates of service)	INFORMANT Address JESSAmine Address
	NO None 214-14-8259 MF	
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	1) / / I I I INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a) Panthicula	filerellation 3 min.
	4201 DUE TO 100	110 1 1 30 10
	Conditions, If any, which gave rise to Immediate (b)	(de infanction sort
	cause (a), stating the DUETD	Comment of the commen
20	underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
ATI	- ART II. OTHER STORES COMES TO AND THOSE TO SERVED SO I NOT REEK	PERFORMED?
FIG	2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY DCCU	RRED. (Enter nature of Injury in Part I or Part II of Item 18.)
CERTIFICATION	DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	MADE CERTAIN THE PROPERTY OF FOREIT OF FROM 2017
		CE DF INJURY (Home, farm, 20f. (City or town) (County) (State)
MEDICAL	Hour a.m. While Not While factor	ry, street, office bidg., etc.)
Σ.	p.m. 19 at work 1 at work	1/4/66 19 to 2/10 1965 that (1) (we) last
- 1	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on / 10 / 6619, and that	death occurred at 130 M, from the causes and on the date stated above.
	22a. SIGNATURE	22b. DATE SIGNED
	I bud Heranne. M.D.	ATTENDING DIRECTOR STAFF DIRECTOR PHYS. 2/10/66
	22c. PRYSICIAN'S	22d. ADDRESS
	NAME (Type) David A brangon	707 Balto Homas Blad Glen
23a.	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (Crty, town or county) (State)
		Cemetery Brooklyn RFD Maryland
24.		258. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	R. V. Singleton Glen Burtie, Md.	. DAFEEB 14 1966 Schanles Judge

VR A15 (4) 20M 1/65



	MARYLAND STATE D	EPARTMENT OF HEALTH	
Division of STATISTICAL	RESEARCH AND RECORDS, 30) W. PRESTON STREET, BALTIMORE, MARYLAND 2	120
7	CERTIFICAT	E OF DEATH	1)

· · · (IVI		01787			CERTI	FICATE	OF DEATH			01737	
funeral funeral l and rer death		PLACE OF DEATH					2. USUAL RESIDENCE	(Where deceased lived, i			_
fund l o		o. COUNTY	Anne Ai			RYLAND	o. STATE Mary			nne Arundel	
the the safes after		CITY OR TOWN (I	outside carporate limit give nearest tawn)	S,	c LENGTH OF STAY	IN 1b	,	outside corporate limits, i	write RURAL and	give nearest tawn)	
by by aura		Annap	olis		16 days		Arno	old		!	
4 hers.			AL OR INSTITUTION (If n				d. STREET ADDRESS			e IS RESIDENCE ON A FARM?	
within 114 haurs affer itely filled in by the fu rban papers. Pages 1 t, within 72 haurs after			el General	Hospit				P.O. Box		YES NO [
with with with		NAME OF DECEASED		rst	Middle		Lost	4 DATE OF ED.	Manth	Doy Year	
ed withi pletely fi carban ent, with		(Type or print)	Char		William	. T :	TUCKER	9. AGE (In	bruary	28 19 66 ER 1 YEAR IF UNDER 24 HR	25
cam	5. <u>}</u>	iale	6. COLOR OR RACE	7 MARRIED WIDOWED	NEVER MARRII DIVORCE		ec. 24, 190	last birth	hday) Months		
9 5 5	100	USUAL OCCUPATION	(Give kind of work done ife, even if retired)	10b K	ND OF BLSINESS OR		11 BIRTHPLACE (Count	y & State, ar fareign count	ry) 12	COUNTRY 2	_
cian cian and	1 1	Ingineer	a	\$2.50°	10031K1			ndel Mary	land	COUNTRY?	
ifica nysic al, a	13.	FATHER S NAME					14. MOTHER'S MAIDEN	NAME			
th certifi	_1	Hilliam	Tucker					Fleetwood			_
eath indin nit. ar re			RIN U.S. ARMED FORCES? (If yes give war or dates	of service)	SOCIAL SECURITY NO.	1	NFORMANT			Bx 22	
ne death certificate b attending physician permit. Then please ion, ar remaval, and	Ĺ	No	46-76-76-76-76-76-76-76	2		04 C	ora Watts	Tucker	Arnold		
the the ratio		1B. CAUSE OF DI	ATH (Enter only one co H WAS CAUSED BY	use per line for	(a), (b), and (c))	, ,				ONSET AND DEATH	
physician. physician. signed by the ath burial-transit perr	IMMEDIATE CAUSE (a) Canditions, if any, which gave) (b)									6 ment (V)	-
uires the hysician. gned by urial-tra ural, cre											
physicia physicia signed I burial-tr burial, c		rise to immediat	e couse (o), (10							_
		stating the under	iying couse	(c)							
		PART II. OTHER SI	SNIFICANT CONDITIONS		TO DEATH BUT NOT RE	LATED TO	THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART	1(a)	19. WAS AUTOPSY PERFORMED?	-
AN: The	TION									YES NO F	ΥX
YSICIAN: T≣e aspital or atte certificate has hed for use a or to otto of Health pr	CERTIFICATION	20a. ACCIDENT WA		205. DE	SCRIBE HOW INJURY	OCCURRED.	(Enter noture of injury in	Port I or Port II of iten	1B.)		
SICI spit spit spit spit spit spit spit spit			CAUSE OF DEATH MEDICAL EXAMINER)								
	MEDICAL	20c. TIME OF INJU	RY Manth, Day, Year		NJURY OCCURRED	20s. PLA	CE OF INJURY (Home, far ary, street, affice bldg , eti	m, 20f. (City or	lown)	County) (Stote)	
IDING PE of by the h After this I be detact State Dep	ME	D.)	19	While of war	k 🔲 at wark 🗀		1. 11				
- «		21. I certi	fy that (I) (thisselec	aptal) catten	ded the deceased	fram_	7/26/61.	19, taFe		9 <u>66</u> , that (!) (ADE)	
R ATTINI retained ECTOR: A 3 shauld with the			ceased alive an_	Feb. 2	2819_66	and tha	t death accurred o	t M, tram (the date stated abo	ve
OR ATTEND be retained DIRECTOR: A le 3 shauld ed with the 3		220. SIGNATURE	General 6	1	Α .	M.	ATTENDING	MED. STA	ff -	2 2 3/66	
HTAL OR may be r RAL DIRE page 3 be filed v		22c. PHYSICIAN'S	0	vune !		PPI.	D. PHYS. AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	DIRECTOR III PH	р. П	2124/00	
RAL RAL be i		NAME (Type		hurch.	M.D.		121 Cath	hedral St.,	Annapo.	Lis, Ma.	
TO NOTHIAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 shauld shauld be filed with the	230	BURIAL, CREMATIC	IN. 23b. DATE TH		23c NAME OF CEA	METERY OR	CREMATORY	23d. LOCATION (C	ity or Tawn)	(County) (State)	=
Pag O Fl dire sho	P	REMOVAL (Specify	3-3-1	966	Broadne	eck (hurch	A.A. Co		Md	
VR A15 (4)		. FUNERAL DIRECTO	R		ADDRESS		2So REG	D BY REGISTRAR	25b. REGISTRAR		
20 M 1/66	1	C.E.	Hicks, 11:	l An	napolis,	Md	DAMA	R 2 1966	fullar	les Judge	



CERTIFICATE OF DEATH 01788PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) b. COUNTY Anne Arundel o. COUNTY Maryland Anne Arundel MARYLAND b CITY OR TOWN (If outside carporate mits C LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Annapolis Annapolis d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? 1201 Tyler Ave. . Anne Arundel General Hospital YES NO 3 NAME OF Middle 4. DATE Month Last DECEASED Elsie February Gertrude TUCKER 66 19 (Type ar print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX B. DATE OF BIRTH 9. AGE (In years 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** lost birthday) Manths Haurs Doys March 25, 1912 Female White WIDOWED DIVORCED 106 KIND OF BUSINESS OR 12 CHT ZEN OF WHAT 1Da USUAL OCCUPATION (G've kind of work dane BIRTHPLACE (County & State, or foreign country) during post of working his liven if retired to the property of COUNTRYS ECKER Maryland 13 FATHER YNAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT (Yes, no. of unknown) (If yes give wor or dates af service) INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse (a), DIJE TO stoting the underlying cause 19 WAS AUTOPS PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 of item 1B.) 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20x TIME OF INJURY Month, Day, Year 2Dd INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) Haur o.m. foctory, street, affice bldg, etc.) While Nat While 21. I certify that (I) (this hospital) attended the deceased fram . 19 , to Feb. 22 , 19 66 that (I) (we)clast 19.66, and that death accurred at M, from causes and an the date stated abave. says the deceased alive an 22b. DATE SIGNED ATTENDING STAFF PHYS. **ADDRESS** 22c PHYSICIAN 3 22d. Stephen B. Hiltabidle, M.D. NAME (Type) Cathedral St., Annapolis, Md. 121 BURIAL CREMATION (County) (Stote) REGISTRAR'S SIGNATURI 2Sb

Te executed within 24 haurs ofter death

The law requires that the death certificate

Tage 4 may be retained by the hailpital ar atteilding physician.

depri funeral

ety filled in by the fundant ban papers. Pages 1 c within 72 haurs after d

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crematian, ar removal,

burial, a

State Dept. of Health prior to

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signed by the burial-transit

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After this

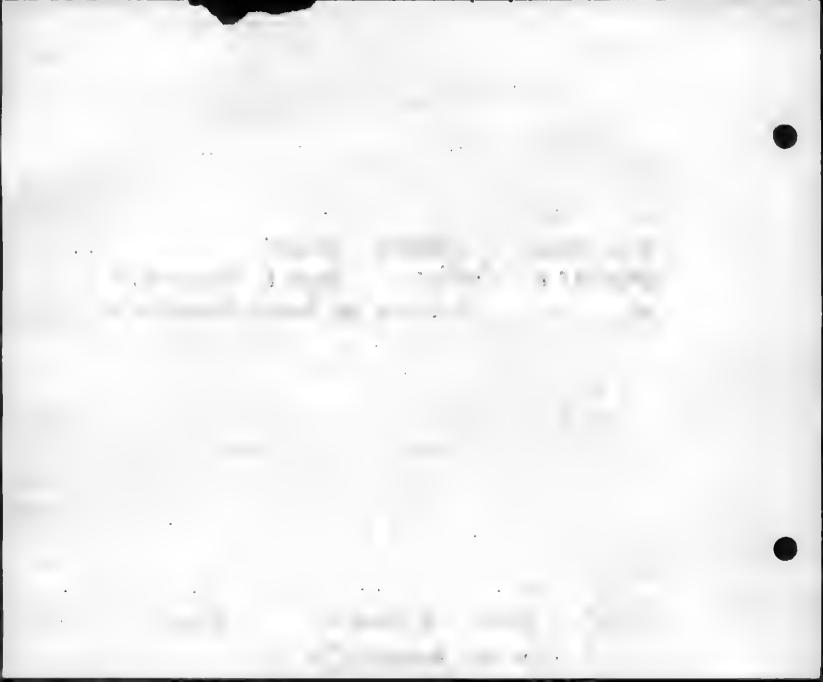
DIRECTOR:

FUNERAL

0

VR A15 (4) 20 M 1/66

physician

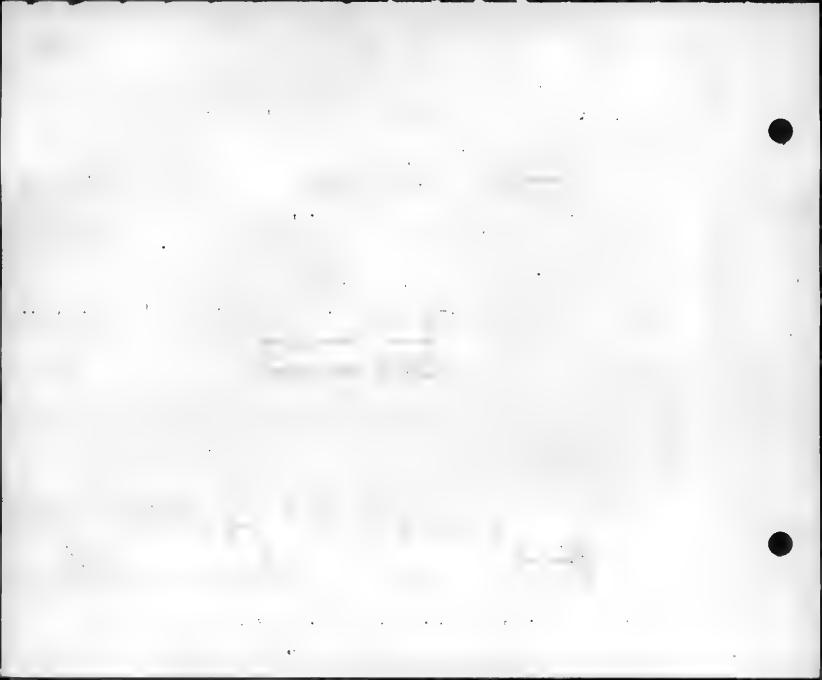


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending plysicial, and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	ARCH AND RECORDS	PARTMENT OF HEALTH 6, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND E OF DEATH () 1730
PLACE OF DEATH a. COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before adm a, STATE Maryland b, COUNTY Anne Arund
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Annapolis	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest Tracy's Landing

A	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	esidence before admission)
	a. COUNTY Anne Arundel	a. STATE Maryland b. COUNTY Ann	e Arundel
-	MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
	write RURAL and give nearest town) Annapolis 2 weeks	Tracy's Landing	1 1
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
1	Anne Arundel General Hospital		ON A FARM?
3.	NAME DF First Middle	Last 4. DATE Month	Oay Year
	OFFICE (Type or print) THOMAS 14- TU	CUER DEATH 1-e6	19 1966.
5.		P DATE OF PIOTH 19 ACE (In years IF IINDER	
M		ept.5, 1880 85 yrs.	Oays Hours Min.
1D	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	1 11. BIRTHPLACE (County & State, or foreign country) 12. C1	TIZEN OF WHAT
ou	ring most of working life, even if retired) Farmer Farmine	Calvert County, Md. HS	
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	William Riley Tucker	Martha King	
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
(Y	es, no, or unknown) (If yes give war or dates of service)	77 79 1 79 1 7	3.1 32.3
-		s. Vera Epstein, Tracy's Lan	INTERVAL BETWEEN
П	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	. /	QNSET AND DEATH
	IMMEDIATE CAUSE (a)	everbergo.	I weeks
	DUE TO D C D	F 0 .	1/0/
	gave rise to immediate (b)	hero releases	drew .
	cause (a), stating the DUE 70		,
-	underlying cause last. (c)		
IOI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOTRELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? L
2			YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING (CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of injury in Part I or Part II of Item 18.	.)
		CE OF INJURY (Home, farm, 2Df. (City or town) (Cou	inty) (State)
MEDICAL	Hour a.m. While - Not While - facto	ry, street, office bldg., etc.)	
2	p.m. 19 at work at work	1/20/ 10/10 2/19/66.10	that My freel look
	21. I certify that (I) (this hospital) attended the deceased from	13004 (0	, that (I) (we) last
	saw the deceased alive on Q 1966, and that	t death occurred at 15 M, from the causes and on the	ATE SIGNED
	Christon M.D.	ATTENDING MED. STAFF	19/66.
	PHYSICHAR'S NAME (Type) G LEGIANII (HUIPIT	121 Calle ha Pl Arm	fole that
23	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or cou	unity) (State)
I	Burial (Specify) Feb. 22, 1966 Mt. Harmony	Chr. Cemetery Owings, Maryl	and
-1-	4. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR	S SIGNATURE
2	Hutchins tunesel Home Owings,	MarylandEEB 23 1966 Achiante	es Judge

VR A15 (4) 20M 1/65



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending (Mysician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending invision and completely filled in by the fundral director, page 3 should be detached for use as the burial-transit permit. Then, please remove carbon papers. Pages 1 and 3 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. saw the deceased alive on 2

			BETTE	A BUSINE	SS FORMS. INC.		MO 21201			-				
			I. N	/ARYL	AND STAT	LE DEL	PARTMENT OF	HEA	LTH					
	DIVISIO	N OF STATISTIC	AL R	ESEAR			, 301 W. PRESTON		EET,	BALTIMO	RE 1, 1	MARYL	AND	
	01790				CERTIF	ICAT	E OF DEATH					017	741)	
1.	PLACE OF DEATH					1	2. USUAL RESIDENCE	E (Where	deceas			Residence	before admi	ssion)
		Anne Aru		-	MAR	YLAND	a. STATE b. COUNTY Anne Arundel							1
	b. CITY OR TOW	/N (if outside corporat	e limit	.s, c.	LENGTH OF STA									
	Annap	olis	•		5 hrs.		Gambrills							
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address					address)	d. STREET ADDRESS					8	. IS RESIDE	
An	ne Arund	el General	Hos	pital			Unde	IWOO	d R	load		Y	ON A FAR	
3.	NAME DF DECEASED	Fi	rst		Middle		Last	4. DAT		Month	1	Day	Year	
	(Type or print)	Iva			Pearl		TURNER	DF DE/	ATH	Februa	Lry	2	19 66	6
_	SEX		7. MAI	RRIED	NEVER MARRIE	ED E	8. DATE OF BIRTH		9. A	GE (In years ast birthday)	IF UNDER	R 1 YEAR	IF UNDER 24	4 HRS.
_	emale	White		OWED	DIVORCE	ED 🗌]	Dec. 9, 1902			63 yrs.				Min.
10a dur	Ing most of work	FION (Give kind of work a ling life, even If retired	ione i	10b. KIND	OF BUSINESS OF	R	11. BIRTHPLACE (COU	unty & St			12. 0	CITIZEN C	?	
	Farm c	owner			mer		Luray,			rginia		V.S		
13.	. FATHER'S NAM	E					14. MOTHER'S MAIDE	EN NAME	E					
45	John H.	Purdham					lian	rgare	et_	M. Pleas	sant			
15,	or Unkown)	EVER IN U.S. ARMED FO. (If yes give war or dates of	RCES?	16. SOC	IAL SECURITY N	ID. 17.	INFORMANT	-	- Director	Addres	S			
	110			1	-22-032	5 015	ften F. Turr	ner_		same_a	25 2			
		DEATH [Enter only one		per line f	or (a), (b), and ((c).]							RVAL BETWI	
	PART J. DE	EATH WAS CAUSED BY: IMMEDIATE CAUSE		CE	RERPO	21	THROME	505,	/	5		1	5/24	in.
		DUE	.,				A Maria						1	-
	Conditions, If		(b)											
	gave rise to cause (a), st		TD											
	underlying caus	se last.	(c)											
01.	PART II. OTHER S	IGNIFICANTCONDITIO	NS CON	ITRIBUTIN	G TO DEATH BUT	NOTRELA	TED TO THE TERMINAL DI	SEASEC	ONDIT	TON GIVEN IN F	PART 1(a)) 19.	WAS AUTO	
FICA	DIA	SETIC AC		2031								YES		
CERT.FICATION	OR CONTRIBUTION	WAS UNDERLYING ING CAUSE OF DEAT	IH i	Ob. DESC	RIBE HOW INJU	JRY OCCU	IRRED. (Enter nature of	injury in	Part	l or Part II of	i Item 18	8.)		
	(IF EITHER, NOT	TIFY MEDICAL EXAMIN	(ER)											
EDICAL	20c. TIME OF I	INJURY Month, Day, 1 n.	1				CE OF INJURY (Home, far ry, street, office bldg., etc		. (Cit	ty or town)	(Co	ounty)	(Stat	ie)
≅	p.n			t work	Not While at work									

21. I certify that (I) (because attended the deceased from 10 2

toFeb. 2. 19.66 that (i) 1000 last , and that death occurred at M. from the causes and on the date stated above.

saw the deceased alive on Feb. 2, 19.66, and that d	leath occurred atM, from the causes and on the date stated a
Pa. SIQUALITYE	3 • 30 PM 22b, DATE SIGNED
COULINGERATION OF THE	ATTENDING MED. DIRECTOR DIRECTOR PHYS. D 2/3//6
C. PHYSICIAN'S	22d. ADDRESS
NAME (Type) Edward S. Beck, M.D.	73 Franklin St., Annapolis, Md.

За.	BURIAL, CREMATION,	23b. DATE THEREOF	23c. NAME OF CEMETERY OR CREMATO
	BEMOVAL (Specify)	2/7/66	Glen Haven Cemetery

St., Annapolis, Md. Franklin LOCATION (City, town or county)

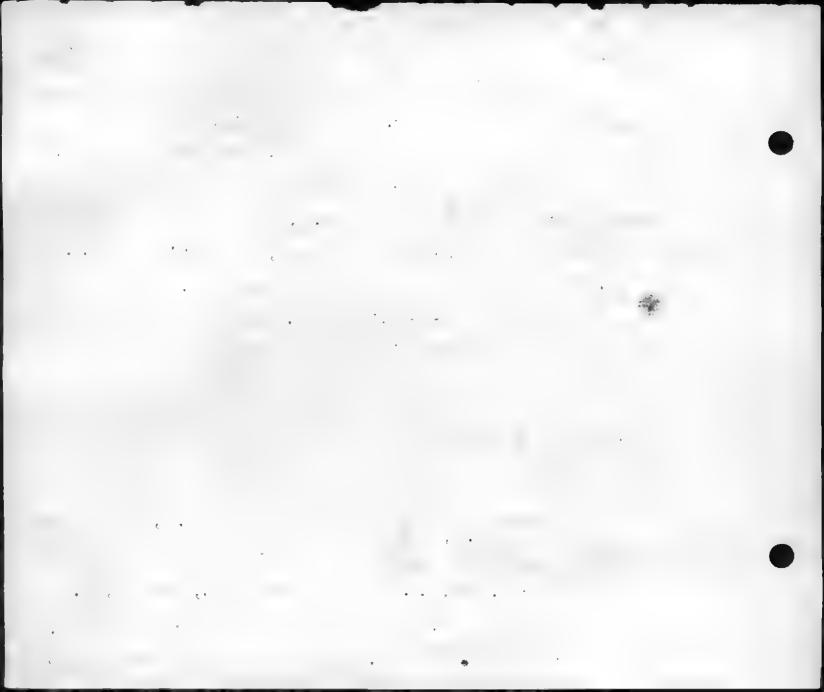
Glen Burnie Md.
25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

(State)

ADDRESS Hopping Funeral rid .

FUNERAL DIRECTOR

VR #15 (4) 20M I/65

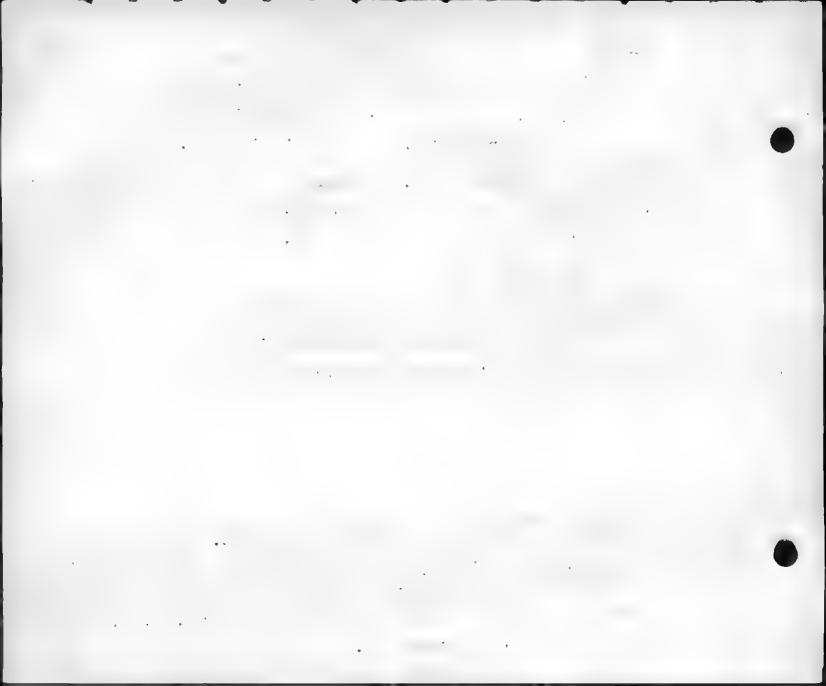


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MARYLAND STATE DEPARTMENT OF HEALTH

	01791	OF STATISTICAL RES	CERTIFIC	ATE		N SIKEEI, BA	LIIMUKE I,	MARTI	CAND つは1		
F	PLACE OF DEATH	A	MARYLAI	tD	- DYATE	CE (Where deceased li	ved, 1f institution: b. COUNTY	Residence	before admission		
	Write RURAL 8	(If outside corporate limits, and give nearest town) oklyn Pk.	c. LENGTH DF STAY IN	1b	c. CITY OR TOWN (If Baltimo		limits, write RUR	AL and gi	ve nearest town		
	d. NAME OF HOSI	PITAL OR INSTITUTION (If not in 831 Matthe		'ess)	d. STREET ADDRESS 2237 S1	dney Ave.			ON A FARM? YES ND		
3.	NAME OF DECEASED (Type or print)	First	Middle	m	Last	4. DATE OF	Month	Day	Year		
-	SEX	Mildred		Tur		DEATH	2	15			
5.	F	6. COLOR DR RACE 7. MARRIE WIDOWE		8.	May 10, 190	Jast 6	In years IFUND Irthday) Months	Days	Hours Min.		
10: dui	a. USUAL OCCUPATI ring most of workin Housew	ig We, even if retired)	KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (CO	ounty & State, or fore	3	CITIZEN	OF WHAT		
13	. FATHER'S NAME				14. MOTHER'S MAID	EN NAME	,				
		Charles Thomps	•		E1.a	nch Rus	sell				
15 (Ye	i. WAS DECEASED EN	VER IN U.S. ARMED FDRCES? 1 (If yes give war or dates of service)	6. SOCIAL SECURITY NO.	17. I	NFORMANT		Address				
Ì	No				Famil .	y	Same				
	18. CAUSE DF D	EATH (Enter only one cause pe	r line for (a), (b), and (c).]						RVAL BETWEEN		
	PART I, DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a) GO	toM fertions		-44- 0				ET AND DEATH		
	h-	7.	deralized Wet	asu	aute Garein	ioma		- 0/	6/8/63		
	Cenditions, If a	DUE TO									
	gave rise to I	Immediate (ccinoma of ri	ght	breast			_[
	cause (a), sta										
Z	underlying cause		DUTING TO SECTION	D.C. 4-				140	WAS ALLTONSY		
CERTIFICATION	PART II, DIHEKSI	GNIFICANT CONDITIONS CONTRI	BUTING ID DEATH BUT NOT	RELAT	ED TO THE TERMINAL D	DISEASE CONDITION	GIVEN IN PART 1(a) 19. YE	PERFORMED?		
	20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTI	VAS UNDERLYING ☐ 20b. IG ☐ CAUSE OF DEATH IFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY	OCCUR	RED. (Enter nature of	injury in Part I or	Part II of Item :	18.)			
MEDICAL	20c. TIME OF IN Hour a.m.	Whi	IB NOT WITH	. PLACI factory	E OF INJURY (Home, fa v, street, office bldg., et	rm, 20f. (City or	town) (C	ounty)	(State)		
	21, I certify	that (I) (this showing the light atter	ided the deceased from	1_6	/8/63 19	, to 2/1	5/66, 19.	, th	at (I) (yet las		
	saw the dece	eased alive on $2/15/66$	519, and	that	death occurred at 2						
	22a. SIGNATURI	2 5. 7)	M.D.	ATTENDING PHYS.	A MED. STA	_	DATE \$10			
	22c. PHYSICIAN NAME (Typ		5. /on		22d. ADDRESS 4-30 6	Belle	Fine	R	1		
23a	BURIAL, CREMA	TION, 23b. DATE THEREOF	23c. NAME OF CEME	TERY (OR CREMATORY	23d. LOCATION	(City, town or o	county)	(State)		
	BUY AL Spec		Cedar Hill			Balto.	25. Md.		, ,		
24	FUNERAL DIREC	TOR	ADDRESS) 25a. REC	'D BY REGISTRAR	25b. REGISTRA	R'S SIGN	ATURE		
	racourth 1	funeral Hm. 237	Patapsco Ave	• ih	DATEB	1 7 1988	1012.76	no De	dge		
-							_6_				

VR AI5 (4) 20M 1/65



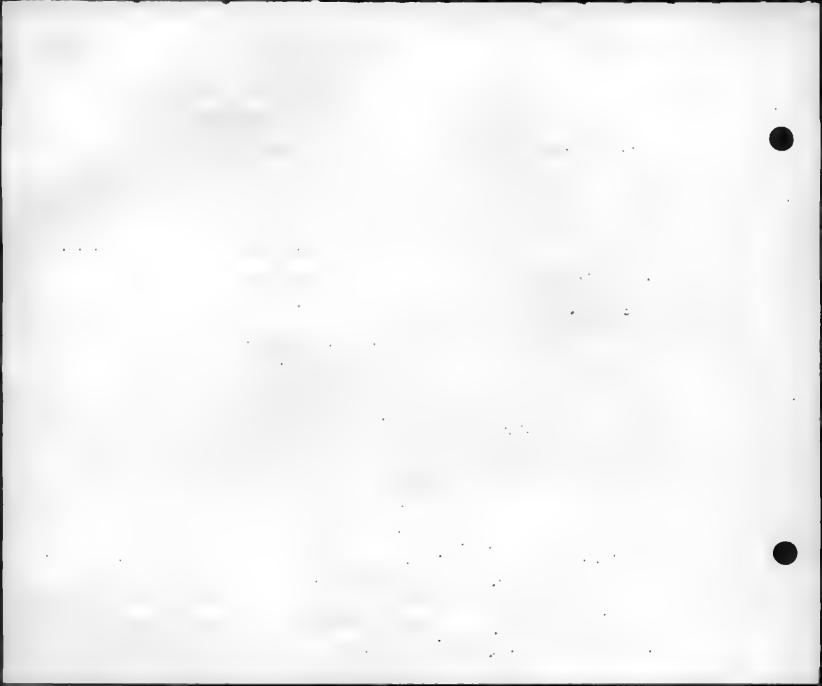
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please certific carbon papers. Pages 1, and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after description. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exmuted within 14 haurs after death.

Page 4 may be retained by the llospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	01754			CERTIFIC	ATI	E OF DEATI	H			0×1	142	,
1.	PLACE OF DEAT	H				2. USUAL RESIDEN				Residence	before	admission)
	AA			MARYLA	NO.	a. State Maryla	and	ь, сод	NTY			
_	b. CITY DR TOW	N (If outside corporal and give nearest tow	te limits,	c. LENGTH DF STAY IN		c. CITY OR TOWN (I		corporate limits, w	rite RURAI	and gh	e near	est town)
	Ferno		11)			Rural - I	Fernd	a1e			F	
			N (if not in he	spital, give street add	ress)	d. STREET ADDRESS				8		SIDENCE
	North	Arundel Ho	spital			Oakwood	Road			Y	ES .	FARM?
3.	NAME DF DECEASED		rst	Middle		Last	4. DA		h	Day	Y	ear
	(Type or print)	Gerald		E		Vogen		EATH &		20	19	46
5.	SEX	6. COLOR DR RACE	7. MARRIED	NEVER MARRIED	ZII 8	. OATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER			
	M	W	WI QOWED	DIVORCEO		2-21-27		39 yrs.	Mortus	Oays	Hours	s Min.
10a	USUAL OCCUPATION MOST OF WORK	JON (Give kind of work) Ing life, even if retired		IND DE BUSINESS OR		11. BIRTHPLACE (County & S	itate, or foreign country	y) 12. C	OUNTRY	OF WHA	iT
	Laborer			ndale Taver	n	Cookston,	Minn			J.S.A		
13.	FATHER'S NAM	E				14. MOTHER'S MAI				C_T.MC_EA	A.I.	
	Segmore	Vagan				Mabel Be	ere					
15	. WAS DECEASED	EVER IN U.S. ARMED FO (If yes give war or dates of	RCES? 16.	SDCIAL SECURITY NO.	17.	INFORMANT	-0_	Addre	\$5		-	
(,,	Yes	WW 11		nknown		Patient						
-		DEATH (Enter only one		pe for (a), (b), and (c).]		1				INTE	RVAL B	ETWEEN
	PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE		udua e	CM	MIRRER	1/10	uces		ONSE	ET AND	DEATH
		DUE	100	1 1		1					6	
	Conditions, If		(5)	Micher!	1	Luck					7.5	
	gave rise to cause (a), si		TD									
	underlying caus	n look	(c)									
100	PART II. OTHER S	IGNIFICANT CONDITION	NS CONTRIBU	TING TO DEATH BUT NOT	RELA	TEO TO THE TERMINAL	DISEASE	CONDITION GIVEN IN	PART I(a)	19.	WAS A	UTDPSY "
CERTIFICATION	1 de	Vistallas	- Tu	ldellelle	cj.	/				YES	-	NO T
TIF	20a. ACCIDENT	WAS UNDERLYING TO	20b. 0	ESCRIBE HOW INJURY	occu	RREO. (Enter nature o	f Injury I	n Part I or Part II o	of Item 18	.)	1	
CE	(IF EITHER, NO	TIFY MEDICAL EXAMIN	IER)									
CAL		INJURY Month, Day,	rear 20d. If	UURY OCCURRED 20e	. PLA	E OF INJURY (Home, f	arm, 20	f. (City or town)	(Col	unty)		(State)
MEDICAL	n.s ruoH		While at work	C- NOT WHITE C-	Tactor	y, street, office bldg., (etc.)					
	21. I certif	y that (1) (this hosp	ital) attendo	d the deceased from	n	2-19 1	96%	to 2-26	. 19 4	12. th	at (1) 1	(we) last
	saw the de	ceased alive on 🏅	1-20			death occurred at	19 MM	, from the causes	and on t	he date	state	d above.
	22a. SIGNATUI	E. P. D. 10	7.20 1	2			-	07420		ATE SIG		
	CVU	Elle 211	11/1	PHAIL	M.O.		MED. DIRECTO	R PHYS.	1/	-20	60	>
	22c. PHYSICIA NAME (T)	(pe) Charles	R. Mac	Donald		22d. ADDRESS	in H	ly. Hilak	umi	Ind	!	
23a			HEREOF	23c. NAME OF CEMI	TERY	OR CREMATORY	23d.	ADCATION (City, to	own or co	unty)	(5	State) =
	REMDVAL (Spe Remova		6	Superior	Cen	etery	Su	perior, Wi	Lss.			
	. FUNERAL DIRE		1217 8	ADDRESS SE	1	25a. RE	C'D BY R	EGISTRAR 25b. R	EGISTRAR	9/3		
W	m. Cook-I	Brooks Inc.	Baltin	ore. Maryla	nd	DATEB	23	1966"	4"	, (14.)	J.C.	

VR #15 (4) 20M 1/65



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATIST	IICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOR	E 1, MARYLAND
	ACDITICIOATE AS BELLIA	. 4 . 1

	0179:	3			CERTIF	ICAT	E OF DEATH			01743
ì,	PLACE DF DEATH a. GOUNTY	1					2. USUAL RESIDENCE a. STATE		d, If institution: b. COUNTY	Residence before admission)
	Anne A	rundel				LAND	MA		Ann	e Arundel
	b. CITY OR TOW Write RURAL	N (if outside co and give nears	orporate lim sst town)	its,	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (IF	utside corporate ilr	nits, write RURA	AL and give nearest town)
	Glen I	<u> urnie</u>			3 hrs.		Riv	iera Beach		. 2 /
					spital, give street a	address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
		rundel G					Rt. 10 Box	320, Pasad	ena, Md.	YES NO S
3.	NAME DF DECEASED		First		Middle		Last	4. DATE DF DEATH	Month	Day Year
E	(Type or print)	C 00100 00	FRANK		R.		VOLNEY		Februar	
ij.					NEVER MARRIE		B. DATE OF BIRTH	last bir	thday) Months	R 1 YEAR IF UNDER 24 HRS.
10-	Male . USUAL OCCUPAT	White		DOMED [DIVORCE		Sept. 6,1891	1 74	yrs.	
dur	ing most of worki	ing lite, even If	retired)	INC	VD OF BUSINESS OF DUSTRY		11. BIRTHPLACE (Cou		country) 12.	CITIZEN OF WHAT COUNTRY?
9.0	R. R. E	Ingineer		B. 8	& O. R. R.	•	Czechos			U.S.
13.	FAIREN'S NAM	Pr. Nor					14. MOTHER'S MAIDE			
16		Volney	IFD CODOES	1 10 0	2011			a Hayofski		
(Ye	WAS DECEASED E s, no, or unkown)	(If yes give war er	dates of services	e) 16. S	OGIAL SECURITY NO). 17.	INFORMANT		Address	
	No						. Margaret 1	M. Volney	(same)	
П				e per lin	e for (a), (b), and (c).]	-1:10			INTERVAL BETWEEN ONSET AND DEATH
1	PART I. DE	ATH WAS CAUS IMMEDIATE (CAUSE (a)	()	S Cle	+1	Jul a			
	on a milk		DUE TO	6	() .0	, 1	6 6.	1 12	0	th. /
	Conditions, If a		(b)	10	: U.VOU	الر	Cercu	1 001	con 1	Dern (
	cause (a), st	ating the	DUE TO							
۶	underlying caus		(c).	NTOIDUT	INC TO DEATH ONLY	MATRELA	TED TO THE TERMINAL DI	APARE COMPLETION OF	UITALIAN DADT 1/4	1) (19. WAS AUTOPSY
Ä	C 2	6 1000	PW		ING TO DEATH BOTT	NOT KELA	TED TO THE TERMINAC DI	SEASE COULD I LOUGH	IVEN IN PART 1(4	PERFORMED?
틸	2Da. ACCIDENT	WAS IINDERLYI	,		SCRIBE HOW INIT	DV necij	RRED. (Enter nature of	Intury In Part I or D	art II of Itam 1	YES NO -
CERTIFICATION	2Da. ACCIDENT OR CONTRIBUTION (IF EITHER, NOT	NG TO CAUSE O	F DEATH	200. 00	SOUTH HOW INTO	N 1 0000	WATER (Clife) Harala Ol	- niar to tare to the	air ii oi lichi T	0.)
T. 1	20c. TIME OF I			2Dd TIN	JURY OCCURRED	20a DI AI	CE OF INJURY (Home, far	m, 20f. (City or t	own) (C	ounty) (State)
EDICAL	Hour a.m	1.		While -	Not While	factor	y, street, office bldg., etc	c.)	UIII) (U	vaniff (State)
ž	p.n		197	at work	at work		2/2/1	(-1	1-1	6.
			/ /	attended	the deceased f		2/27,19	C) 140	1 3 1 " "	that (I) (we) last
	saw the dec	ceased alive o	In	d	196 4, 8	and that	death occurred at	M, from the c		the date stated above.
1	6	(00					ATTENDING M	ED. STAF		b. 28. 1966
	22c. PHYSICIA	N'S	11			M,D	22d. ADDRESS	IRECTOR PHYS	re	0. 50° TA00
i	NAME (Ty	Febus	Grunb	erg.	M.D.	/		ton Rd., O	denton.	Maryland
23a.	BURIAL, CREM. REMOVAL (Soe		DATE THERE		23c. NAME OF C	EMETERY		23d. LOCATION (
	Purial FUNERAL DIRE		dh 2,1	966	Holy Cro	See C	emetery	Ritchie	Hewy A	A. Co Md
24.	FUNERAL DIRE	CTOR	,-	,	ADDRESS			D BY REGISTRAR 2	SOL REGISTRA	
(George J.	Gonce	- 4007	Rit	chie Hgwy	B	alto. MAR 3	3 1966 /	filliante	Judge

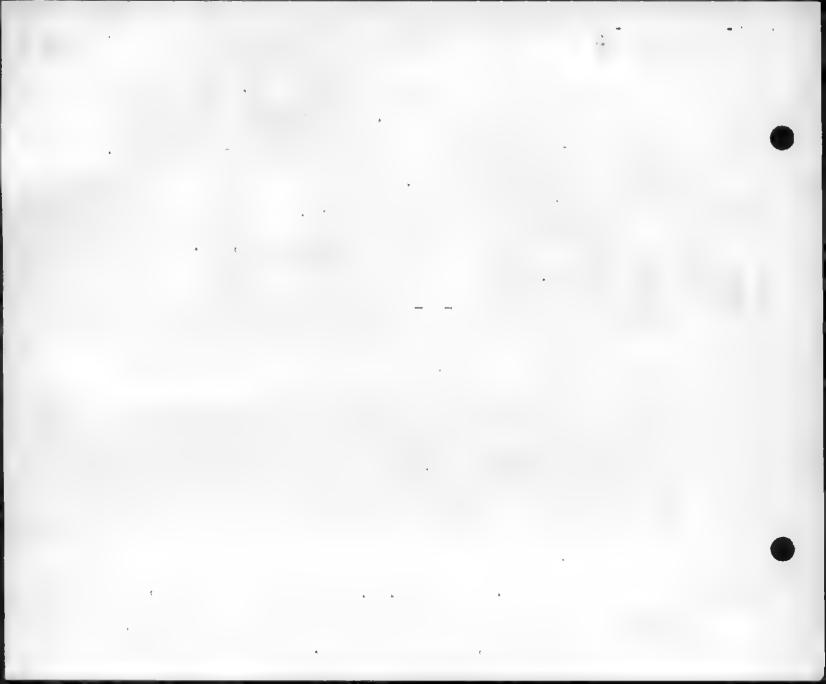
VR AIS (4) 20M 1/65



hours after death. after ent, within 72 hours filled in death certificate be executed within ompletely 5 physician and in TO FUNERAL DIRECTOR. After this certificate has been signed by the attending ph director, page 3 should be detached for use as the "urial-transit permit. Then should be flied with the State Dept, of Health prior to burlal, cremation, or removal law requires that the **TO HOSPITAL OR ATTENDING PHYSICIAN.** The law requires that the Page 4 may be retained by the hospital or attending physician.

VR A15 (4)

IVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLANO c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Severn Severn d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? Residence - New Cut Road Residence New YES X NO NAME OF First Middle Month Year DECEASED eb. Catherine DEATH (Type or print) Wade 1966 6. COLOR OR RACE | 7. MARRIEO OATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIEO last birthday) | Months | Female Sept. White WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife 12. CITIZEN OF WHAT 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) INDUSTRY **COUNTRY?** Own Home Pasadena USA 13. FATHER'S NAME MOTHER'S MAJOEN NAME Thomas E. Duvall Patience Todd 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) I (If yes give war or dates of service) 218-36-3 Mrs Ruth Schillinger. INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cerebral Vascular Accident IMMEDIATE CAUSE (a) **OUE TO** Conditions, if any, which Cerebral thrombosis gave rise to immediate Hypertensive Cardiovascular disease. DUE TO stating underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES [NO X Obesity 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) No injury. MEDICAL 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While at work at work 19.63 to_ 2-23 21. I certify that (I) (this hospital) attended the deceased from... 66 that (I) (we) last and that death occurred at : OIEM/from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATUR 22b. DATE SIGNED MED. DIRECTOR 2-25-1966 ADDRESS 22d. 22c. PHYSICIAN'S NAME (Type) Albert Cooper BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) Burial (Specify) 26/ 66 Baltimore 258 REC'D BY REGISTRAR 256. REGISTRAR'S 24. FUNERAL DIRECTOR Kirkley Funeral Home, Glen Burnie,



STATE DEPARTMENT OF HEALTH STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before admission) by is necessary, iral director. Page of for your files. Board of Health, a. COUNTY MARYLAND OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? 2 with the State NAME OF DECEASED OF [Type or print] DEATH 5. SEX NEVER MARRIED 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH last birthday) Months 10e. USUAL OCCUPATION IGINE kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 0 n e 13. FATHER'S NAME Dag ±i× in pencil in Item 18. Give This certificate should be executed within event WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknwn) (Ifyesgive werordetes of service) Office along with 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH burial-fransit PART I. DEATH WAS CAUSED, 81 and IMMEDIATE CAUSE removal, Conditions, if any, which geve rise to immediate cause т Examiner's **DUE TO** (a), sleting the underlying Sign used cremation, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9), 19. WAS AUTOPSY PERFORMED? 8 lease execute the certificate, writing the word Medical pluods 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Pert I or Pert II of Item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | burial, should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm. 20f. (City or town) 20c. TIME OF INJURY Month Day, Year (Courty) fectory, street, office bldg., etc.) While Not While 0 at work at work 21. I certify that I juck charge of the remains described above, held an Autopsy Inspection and in my opinion Natural Causes designated agent, Accident Suicide Homicide Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER [ACTUAL DATE SIGNED SIGNATURE DEPUTY EXAMINER'S NAME (Type) Address (Street, city Town, or county) 22a, BURIAL, CREMATION, 22d. LOCATION (City, lown, or country REMOVAL (Specify) ö 40 ᇫ VS. A15ME 5M 7/59



	•	
	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATIS	STICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORI	E 1. MARYLAND
01796	CERTIFICATE OF DEATH	0.1227
PLACE OF DEATH		
I WALL DI MENTIN	. 2. USUAL RESIDENCE (Where deceased lived, if institu	ution: Kesidence before

		01796	CERTIFICATE OF DEATH						1) 1	174	6	
ì	1.	PLACE OF DEATH a. COUNTY			lı.	2. USUAL RESIDENCE		teased lived, If Ins		sidence	before a	dmission)
Ą	_	Anne Arunde	311	MARYLANI	D	Mar	yland	D. 0001				V
		b. CITY OR TOWN (if outside of write RURAL and give near	orporate limits, est town)	c. LENGTH DF STAY IN	1b	c. CITY DR TDWN (If	outside cor	porate limits, wr	ite RURAL	and glv	е пеаге	st town)
		Crownsville	2			Baltimo	re. Ma	arvland				
i		d. NAME OF HOSPITAL OR INST	SITUTION (if not in he	ospital, give street addre	(22	d. STREET ADDRESS				_ e	IS RES	SIDENCE FARM?
) }		Crownsville	state Ho	spital		1920 Madi	son A	/e.		Y	ES	ND X
	3.	NAME OF DECEASED 413 53 06	First	Middle		Last	4. DATE	Month		Day	Ye	
	_	(Type or print) #15196	James	in the second	lash	nington	DEATH	2	1	.4	19	66
		SEX 6. COLOR OR	RACE 7. MARRIED	NEVER MARRIED	8.	DATE OF SIRTH	9.	AGE (In years last birthday)	IF UNDER 1	YEAR	IF UNDE	R 24 HRS
	1	Male Negro	WIDOWED	DIVORCED	1	1/22/1898		68 vrs.	Months	Days	Hours	MIn.
	10a	. USUAL OCCUPATION (Give kind oing most of working life, even j	IND OF BUSINESS OR	1	1 11, BIRTHPLACE (County & State, or foreign country) 12,				CITIZEN OF WHAT			
	U	tilitv-Sional [[]	epot -			unknown			Ĺ	ISA	•	
	13,	FATHER'S NAME				14. MOTHER'S MAID	EN NAME					
		Robert Washing	ton			Katie	Washir	ngton				
	15	. WAS DECEASED EVER IN U.S. AR es, no, or Linkown) (If yes give war o	MED FORCES? 16.	SOCIAL SECURITYNO.	17. 1	NFORMANT		Addres	S			
	S	ES WW#	dates of service)		F	Hospital R	ecords	5				
	7	18. CAUSE OF DEATH [Enter of	only one cause per li	ne for (a), (b), and (c), 1						INTE	RVAL BE	TWEEN
	PART I. DEATH WAS CAUSED BY: Myncardial Infarction								ONSET AND DEATH			
	IMMEDIATE CAUSE (a)											
		Conditions, If any, which DUE TO Arteriosclerotic Cardio-Vascular Disease										
		gave rise to Immediate										
		cause (a), stating the DUE TO underlying cause last,										
	20	PART II. OTHER SIGNIFICANT CO	(c) NDITIONS CONTRIBU	TING TO DEATH BUT NOT B	FLATE	EN TOTHE TERMINAL IN	ISEASECON	DITION GIVEN IN	PART I(a)	119.	WAS AL	TDPSY
	AT.						1000000011	DITION ON EN IN	A1(1 2(0)		PERFOR	RMED?
	IF IC	Schizophrenic - Undifferentiated Type 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part or Part of Item 18.)							YES	S	ND X	
į	CERTIFICATION	20a. ACCIDENT WAS UNDERLY DR CONTRIBUTING [] CAUSE CONTRIBUTION []	F DEATH EXAMINER)	LOOKIDE HOTT HODKI O	NUUNI	VED: (Eurei ustria ot	mjury m re	HE TUI FAIL II V	I Ifem To-)			
	ICAL	20c. TIME DF INJURY Month		JURY OCCURRED 20e.	PLACE	DF INJURY (Home, fa	rm. [20f.	(City or town)	(Coun	ty)	(3	State)
	MEDI	Hour a.m.	While		actory,	, street, office bldg., et	tc.)					
	Z	p.m.	19 at work			1710/ 16	54to_	2/14/	, 19 ⁶⁶		1 (1) (N. 1 1
		21. I certify that (I) (thi	0/1/	the deceased from.		teath assumed at	2 - 50					we) last
		saw the deceased alive on 2/14/ 19 66, and that death occurred at 12:50, from the causes and on the deceased alive on 22a. SIGNATURE									above.	
			Janes	V/T.		ATTENDING M	MED.	STAFF	2/14			
		22c. PHYSICIAN'S	quan		M.D.	PHYS C	PECTOR 2	PHYS.		, 00		
		NAME (Type)	Ménedict,	17. D.								
	23a	BURIAL, CREMATION, 23b.	DATE THEREOF	23c. NAME OF CEMET	ERY O	OR CREMATORY	23d LO	CATION (City, to	WIN OF COU	(עלי	(S	tate)
1	B	URIAL L.	23-66	134 -to, KA	110	DNA/	13A	Lto.	md	Æ		
	24	FUNERAL DIRECTOR	0	ADDRESS	4	25a. REC	D BY REGIS	STRAR 25b. RE	GISTRAR'S	SIGNA	ATURE	
		aufall Wyn	6, h. 173.	SHARLORNI	412	DATE DATE	will by !	1966	5-7	Y TU	Just	7.4

VR AI5 (4) 20M 1/65

THE SPITAL OR ATTEMBLIE HYDELIAN: THE law requires that the death certificate the executed within 24 hours after death.

Page 4 may be ratained by the toppital or atteming the solution. Page 4 may be retained by the mospital or atterning musician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01797 The law requires that the death certificate be executed within 24 haurs after death. funeral s 1 and ter ded 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH b COUNTY o COUNTY o STATE Anne Arundel Maryland Anne Arundel filled in by the fun papers. Pages I hin 72 haurs after c MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 write RURAL and give negrest town) Galesville 3 days Annapolis d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? d STREET ADDRESS Box-52 Anne Arundel General Hospital YES NO 🔀 Middle 4 DATE Month Year 3 NAME OF Lost Doy First DECEASED WHITE 19 66 Pauline Irene February DEATH (Type or pnnt) IF UNDER 24 HRS 8 DATE OF BIRTH AGE (In years IF JNDER I YEAR S SEX 6. COLOR OR RACE 7 MARRIED **NEVER MARRIED** lost birthdoy) Months Doys Hours Nov. 5. 1919 Female WIDOWED Negro DIVORCED 100 USUAL OCCUPATION (Give kind of work done 12 CIT ZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? during hight of working life oven if retired) INDUSTRY Maryland 14 MOTHERS MAIDEN NAME 13. FATHER'S NAME burial, cremation, ar remaval, **UNFORMANT** WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dates of service) INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-trans t PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. DUE TO Eal Conditions, if ony, which gove cardio vaseular disease rise to immediate couse (a), DUE TO stating the underlying couse LEARS as the this certificate has been WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE CONDITION GIVEN IN PART 1(0) PERFORMED? 3 should be detached for use with the State Dept. af Health 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 200 ACC DENT WAS UNDERLYING . OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20f. (City or town) 20e, PLACE OF INJURY (Home, form, (County) (Stote) 20d INJURY OCCURRED 20c TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While of work of work FUNERAL DIRECTOR: After , 19 66, to Feb. 25 , 19 66 that (1) (per last M, fram causes and an the date stated above. saw the deceased alive an_ 22b DATE SIGNED 220. SIGNATURE ATTENDING STAFF DIRECTOR M.D. PHYS. PHYS. Shady Side, Md. 22r. PHYSICIAN'S Willard F. Smith, M.D. NAME (Type) NAME OF CEMETERY OR CREMATORY COCATION (City or Town) (County) 230 BURIAL, CREMATION 2So. RECD BY REGISTRAR 2Sb REGISTRAR'S SIGNATUR ADDRESS FUNERAL DIRECTOR VR A15 (4) DATEMAR 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01798 HEALTH DERT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased ived if institution. Residence before admission) n COUNTY ANNE. PRUNDEL -MARYLAND b. COUNTY Page Deportment of MARY, AND b CITY OR TOWN (If autside carparate I mits, c LENGTH OF STA wite RURAL and give nearest town)

FIRST BURNIE

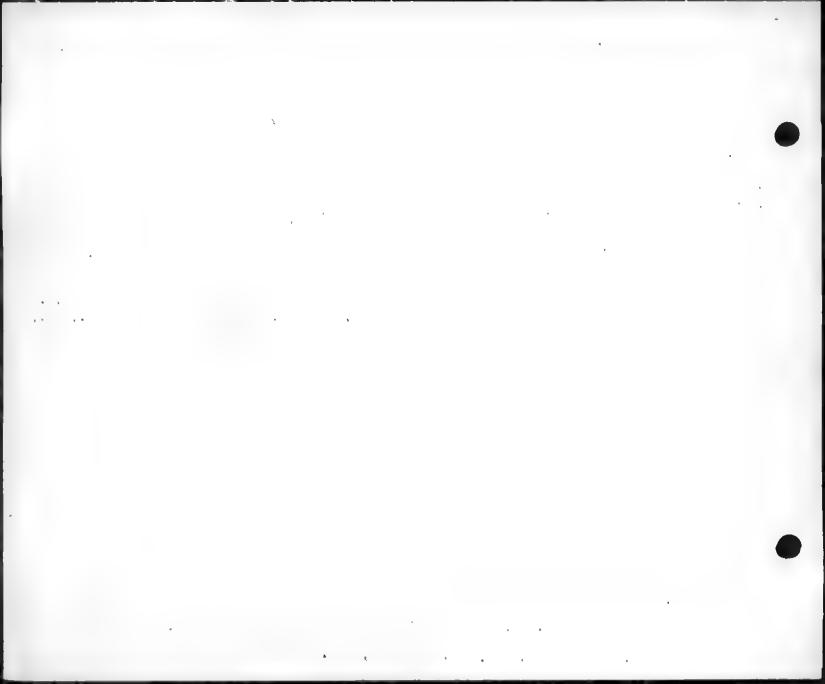
d NAME OF HOSPITAL OR INSTITUT ON (If not in haspital, give street address) C LENGTH OF STAY N 1b c CITY OR TOWN (If autside carparate mits write RURAL and give nearest tawn) puo South-River - Edge water. e IS RESIDENCE ON A FARM? haurs DO.A- FINE - ARUN del. Gen. NOS/ R1.2 - Box 15C YES NO 🖃 be executed within 24 hours after death 4 DATE OF DEATH Manth DECEASED 19 6C (Type or print) IF UNDER 1 YEAR S SEX 6 (OLOR OR RACE B DATE OF BIRTH IF UNDER 24 HRS 7 MARRIED NEVER MARRIED 9 AGE (In years last b rthday) April 7.1882 WIDOWED 52 DIVORCED | 10g JSUAL OCCUPATION (Give kind of work done 10b K NO OF BUSINESS OR 11 BIRTHPLACE (State or fare gn country) 12 CITIZEN OF WHAT during most of working life even if retired) NDUSTRY COUNTRY? Housewife - Ret. At Heme Washington, D. C.

14 MOTHER'S MA OEN NAME 13. FATHER S NAME FILE and Unknown Robert Smith

15 WAS DECEASED EVER N.U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Wash. D.C. (Yes, no, or unknown) (If yes a ve war ar dates of service remaval. Mr. Harry S. Fewler, 2232 Taylor St., N.E., Unknown 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) BURNS - 2Nd - To fal. burial-fransit PART I DEATH WAS CAUSED BY þ burral, crematian, QUE TO Canditions, if ony, which gave rise to immediate cause (a), DUE TO stoting the underlying cause PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19 WAS AUTOPSY PERFORMED? NO K should be 20g EXTERNAL CAUSE WAS PRIMARY 20 or CONTRIBUTING □ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part or Part I of item 1B) CAUSE OF DEATH. agent, i 20c TIME OF IN JRY Month Day Year 20f (City or town) 20e PLACE OF INJURY (Home, farm, (County) (State) factory, street, office bldg., etc.) may be retained for your FUNERAL DIRECTOR: Page of work at work A.A.CO Home 21. I certify that I taak charge of the remains described above held an Autapsy | Inspection | Inquiry | and in my apinion the funeral director death resulted from Natural causes], Accident [7], Suicide [7], Hamicide [7], Undetermined manner [7] CHIEF MEDICAL EXAMINER ACTUAL 22 DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 5 may be TO FUNERAL Health ar i DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, tawn, ar county) 23a BURIAL KRUMANUN 23c NAME OF CEMETERY OUR PURPLANTORY 23d LOCATION (City or Town) (County) Suitland. Maryland Feb. 16, 1966 Washington National 25a REC'D BY REG STRAR 24 FUNERAL DIRECTOR ADDRESS 517 11th St. 256 REGISTRAR 5 SIGNATURE S.E. Wash.m D.C.

VR A15ME (5) 6M 1/66

W. W. CHAMBERS CO. INC.



TO FUNERAL DIRECTOR: After this certificate has linen signed by the attending purpleted and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then place remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remover, and in any event, within 72 hours after that it is a should be filed with the State Dept. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	DIVISION OF STATISTICAL RESEARCH AND RECORD	EPARTMENT OF HEALTH DS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL	AND
	01799 CERTIFICAT	TE OF DEATH	749
1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence a, STATE b, COUNTY	pefore admission)
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND LENGTH OF STAY IN 15	c. CITY OR TOWN (if outside corporate limits, write RURAL and give	E L nearest town)
	GLEN BURNIE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	RIVERA BEACH .	IS RESIDENCE
	NORTH ARUNDEL	140 RIVERA DRIVE RT#6 Y	ON A FARM?
3.	NAME OF First Middle DECEASED 173774	Last 4. DAVE Month Day DF DEATH FERRUARY 19	Year
5.	(Type or print) William L. Wilson, Jr. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR last birthday) Months Days	19 46 FUNDER 24 HRS.
1Da	USUAL OCCUPATION (GIVE kind of work done) 1Db. KIND OF BUSINESS OR	2-19-66 yrs. Molitis Days 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN O	2 30
aur	ing most of working life, even if retired) INDUSTRY	Glen Burnie, AA, Mi. USA	
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15 (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 5, no, or unknown) (If yes give war or dates of service)	SHARON LEE KEYSER 7. INFORMANT Address	
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	MOTHER, SAME 25 2	VAL BETWEEN
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		AND DEATH
	Conditions, If any, which		
	gave rise to Immediate	 -y	
	underlying cause last. (c)		
CATIO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19.	WAS AUTOPSY PERFORMED? NO X
CERTIFICATION	2Da. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of Injury in Part or Part of Item 18.)	
MEDICAL	Hour a.m. While - Not while - fac	LACE OF INJURY (Home, farm, ctory, street, office bldg., etc.) (City or town) (County)	(State)
M	p.m. 19 at work at work	(0 1 20 84	t (I) (ma) tank
	21. I certify that (I) (this hospital) attended the deceased from a saw the deceased alive on 2-19-19-46 and the	nat death occurred at \angle	
	22a. SIGNATURE / Doggenell	ATTENDING MED. STAFF	
	22c. PHYSICIAN'S	22d. ADDRESS	
	NAME DYPE) JAIME HCCINELLI	204 Crain May flew Burn	`_ =
-	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	4=	(State)
	FUNERAL DIRECTOR 2/21/66 Glen Have	en Memonial Glen Burnie M	TURE

Glen Burnie

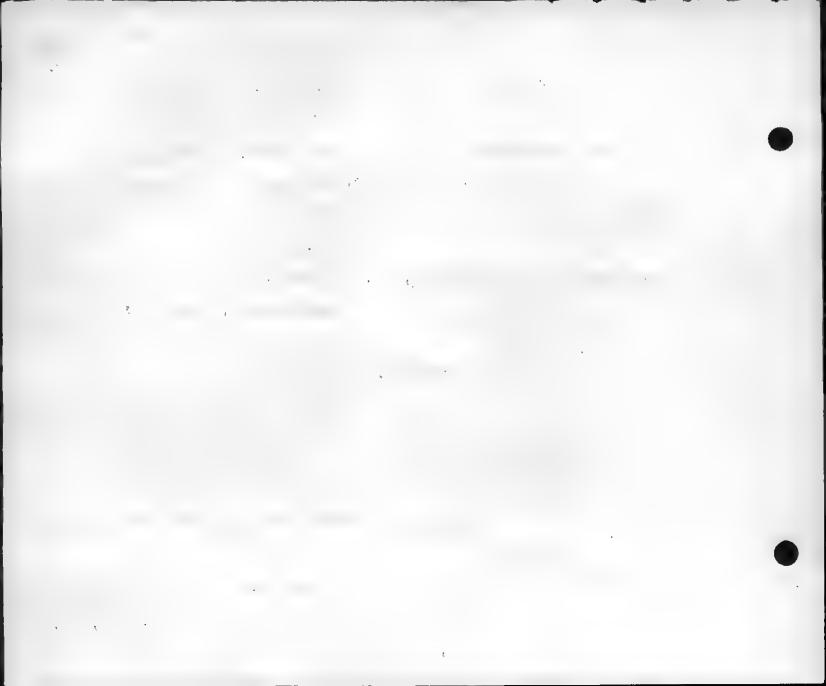
Haven Memorial

Funeral Home,

Glen Burnie Md.
O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

23

VR A15 (4) 2DM 1/65



executed within 24 hours after death. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO MOSPITAL OR ATTENDING PHYSICIAN! The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

_	01000		Tto	GERIIFICAL	E UF DEATE	h			751		
1. PLACE DF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before adm							mission)				
	Anne Arundel County MARYLAND b. City or town (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b				a. STATE b. COUNTY						
	b. CITY OR TOW	N (It outside cor	porate limits,	C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
		sville	LOWII)		Baltimore, Maryland						
	d. NAME OF HO	SPITAL OR INSTIT	UTION (if not in h	ospital, give street address)	d. STREET ADDRESS				e. IS RESI	DENCE	
	Crown	sville 5	tate Hos	pital	706 W. Moi	nument	St.		ON A FARM?		
3.	NAME DF DECEASED		First	Middle	Last	4. DATE	Month	Day	Yea	r	
	(Type or print)	#26519	Joseph	Flemon	Young	DF DEATH	2		1 196	6	
5.	SEX	6. COLOR OR RA	CE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9.		F UNDER 1 YEAR			
	Male	Negro	WIDOWED		12/25/90	75	76 yrs.	Months Days	Hours	Min.	
1D:	a. USUAL OCCUPATING most of work	TION (Give kind of v	vork done 10b. K	IND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (C	ounty & State,	er foreign country)	12. CITIZEN	OF WHAT		
	Plumber	Helper			Virgin:			COUNTR	A		
13	. FATHER'S NAM				14. MOTHER'S MAID	EN NAME					
_		ie Young			Jane						
15 (Y	WAS DECEASED	EVER IN U.S. ARME (If yes give war or de	D FORCES? 16.	SUCIAL SECURITY NO. 17.	INFORMANT		Address				
	xes	WW	1		Hospital	Record	5				
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]						INT	INTERVAL BETWEEN ONSET AND DEATH			
	PART I. DEATH WAS CAUSED BY: Pulmonary Embolism ONSET AND DEATH										
	4.201										
	Conditions, If any, which \ Amputation or right leg										
	gave rise to immediate (
-	underlying cause last. (c) Arteriosierotic danigrene right leg										
TIO	PART II. OTHER S	SIGNIFICANT CON	OITIONS CONTRIBI	JTING TO DEATH BUT NOT REL	ATED TO THE TERMINALD	ISEASECOND	ITION GIVEN IN P	ART 1(a) 19.	WAS AU	TOPSY NED?	
FIC/	Myoca	rdial Is	chaemia	- Hypertensi					Ser	ND N	
CERTIFICATION	OR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYING CAUSE OF TIFY MEDICAL EX	OEATH AMINER)	DESCRIBE HOW INJURY OCC	URRED. (Enter nature of	injury in Par	rt I or Part II of	Item 18.)			
MEDICAL		INJURY Month, D	ay, Year 2Dd. I	NJURY OCCURRED 2De, PL	ACE OF INJURY (Home, fa	rm, 2Df. (City or town)	(County) (State)			
AEDI	Hour a.r	n. m.4	While at world	- NOT WAITE -	ory, street, office bldg., et		rownsvi]	10			
		11		ed the deceased from	12/9/65 19	_	2/1/	, 1966 , t	nat (I) (w	eì last	
		ceased alive on		19 66, and tha			m the causes a	nd on the dat	e stated	above.	
saw the deceased alive on 12/1/ 119 66, and that death occurred at 2:43M, from the causes and on the date stated above 22a. SIGNATURE 22b. DATE SIGNED M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 2/1/66											
	22c. RHYSICIA NAME (T)	N'S (PR)		M	22d. ADDRESS		4.4				
	Lionel McHenry Mapp, M.D. Crownsville State Mospital										
238	BURIAL, CREM	ecify)	TE THEREOF	23c. NAME OF CEMETER	2	1 0	CATION (City, tov	vn or county)	(Sta	ite)	
Surial 12-15-66 Ballimore Holland Ballimore Maler											
24	. FUNERAL DIRE	CIUR A	1/ /	ADDRESS 130	5 25a. REC	BY REGIS	1965 REG	7	1/	0	
	flinell (), olla filestra, pare MAS. I worker, Judges										

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A THE RESIDENCE OF THE PARTY OF ATRICA CONTRACTOR OF THE PROPERTY OF THE PROPE UIVSH

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VR A15 (4) 20M 1/65

1966

e. IS RESIDENCE

YES

13

12. CITIZEN OF WHAT

19.

(County)

22b. DATE SIGNED

YES

COUNTRY?

U.S

ON A FARM?

Year

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY

NO

(State)

(State)

PERFORMEO?

1966

NO